DOCUMENT RESUME

ED 043 992

EC 030 428

TITLE	Special Education Administrative Handbook.
INSTITUTION	Maine State Dept. of Education, Augusta.
PUB DATE	70
NOTE	104p.
EDRS PRICE	EDRS Price MF-$0.50 HC-$5.30
DESCRIPTORS	*Administrative Organization, *Exceptional Child Education, Financial Support, *Handicapped Children, Instructional Materials Centers, Program Descriptions, *Program Guides, State Federal Aid, State Legislation, *State Programs
IDENTIFIERS	Maine

ABSTRACT

The administrative handbook contains general information concerning Maine legislation relating to special education, state subsidy to special education programs, Title VI (A) of the Elementary and Secondary Education Act, Public Law 85-926 related to preparation of professional personnel in special education, and the services of the Special Education Instructional Materials Center at Farmington State College. Program standards and procedures are described in the following areas: educable mentally handicapped, trainable mentally handicapped, emotionally handicapped, hearing impaired, speech and language disorders, learning disabilities, visually impaired, home instruction, special/supplemental tutoring, hospital instruction, and special equipment. General definitions, eligibility requirements, teacher qualifications, financial concerns, application procedures, and various student forms are provided for each area. (RD)

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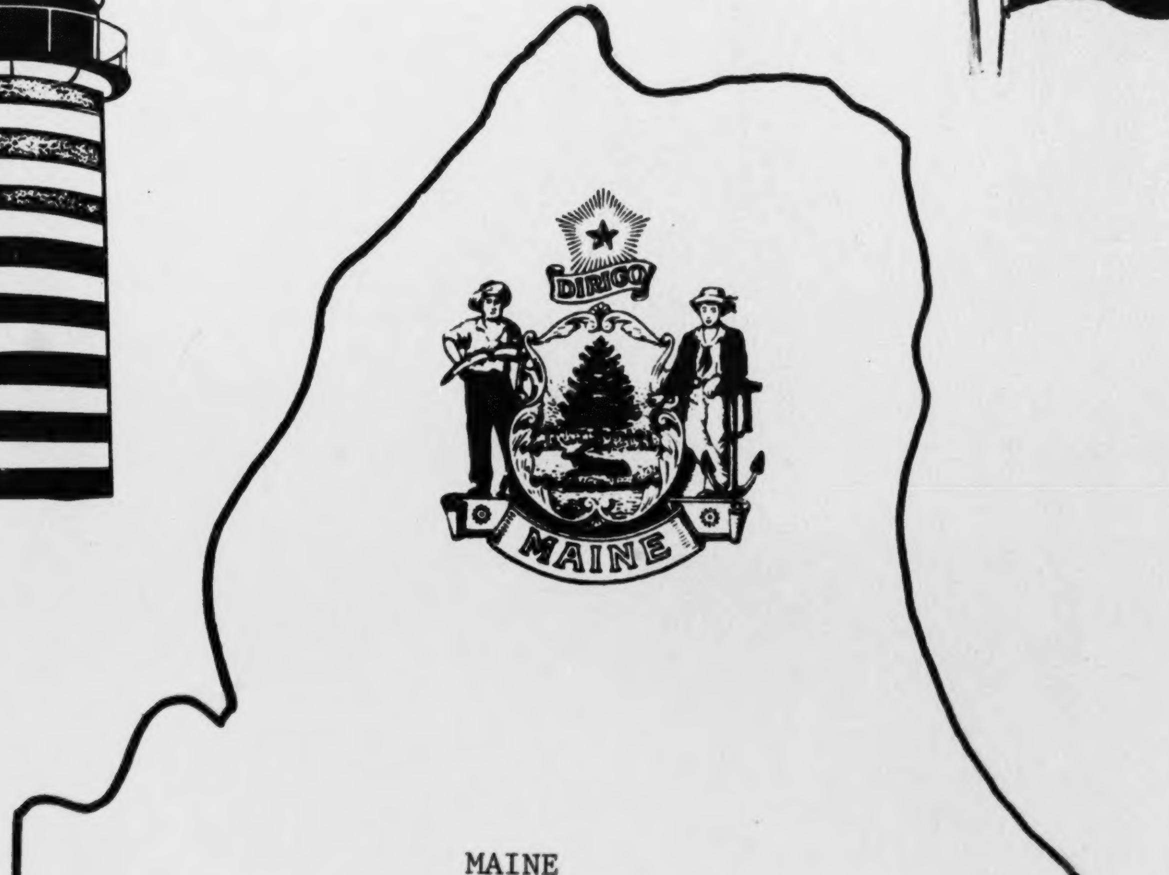

MAINE
STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION
ADMINISTRATIVE HANDBOOK

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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STATE OF MAINE
Department of Education
AUGUSTA, MAINE 04330

FOREWORD

THE SPECIAL EDUCATION ADMINISTRATIVE HANDBOOK, the first revision since May 1966, is published for a more convenient and ready reference to enable school administrators to provide programs and services for exceptional children in Maine's schools and to enable the school officials to understand more fully the scope and function of the Bureau of Special Education in the Maine State Department of Education.

Bureau personnel recognize their responsibility to meet the needs of, and to provide equal educational opportunities for all children who can benefit from an instructional program. They stand ready to serve you and invite inquiries for additional information concerning special education programs and services.

This publication has been divided into two parts and includes a Table of Contents. Part I includes State of Maine Laws relating to special education, including acts of the regular session of the 104th Legislature which ended July 2, 1969, as well as other general information relating to special education in Maine. Part II sets forth program standards and includes the forms and procedures for compliance.

The Bureau personnel believe that this Handbook will be invaluable to all who are concerned, interested, and involved in work with the handicapped, and that it will have a significant impact on the advancement of programs and services for the exceptional children in our State.

William T. Logan, Jr.
Commissioner of Education

Beverly V. Trenholm, (Mr.)
Director
Bureau of Guidance, Special,
and Adult Education

State of Maine

Department of Education

SPECIAL EDUCATION ADMINISTRATIVE HANDBOOK

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Revised: January 1970

Printed under Appropriation
4632-6010 - Title VI-A

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LAWS RELATING TO SPECIAL EDUCATION PROGRAMS IN THE STATE OF MAINE, INCLUDING ACTS OF THE REGULAR SESSION OF THE 104TH LEGISLATURE WHICH ENDED JULY 2, 1969

TITLE 20, CHAPTER 403

PHYSICALLY HANDICAPPED OR EXCEPTIONAL CHILDREN

§ 3111. Purpose

It is declared to be the policy of the State to provide, within practical limits, equal educational opportunities for all children in Maine able to benefit from an instructional program approved by the state board. The purpose of this chapter is to provide educational facilities, services and equipment for all handicapped or exceptional children below 21 years of age who cannot be adequately taught with safety and benefit in the regular public school classes of normal children or who can attend regular classes beneficially if special services are provided.

Each administrative unit is authorized to operate a program for trainable children, the programs in such classes to be approved by the State Board of Education under such rules and regulations as the board may prescribe.

§ 3112. Definitions

1. Handicapped or exceptional child. "Handicapped or exceptional child" shall mean any child under 21 years of age able to benefit from an instructional program approved by the state board whose parents or guardian maintains a home for his family in any administrative unit within the State, and whose educational needs cannot be adequately provided for through the usual facilities and services of the public schools, because of the physical or mental deviations of such child.

2. Special services. "Special services" shall be transportation; tutoring; corrective teaching, such as speech reading, speech correction, sight conservation and similar forms of instruction; and provision of special seats, books, and teaching supplies and equipment required for the instruction of handicapped or exceptional children.

§ 3113. Administration

The general supervision of the education of all children of school age in the State, including handicapped or exceptional children, is the responsibility of the commissioner. He shall employ a director and such qualified personnel as may be needed for consultant service and to develop, inspect, approve and supervise a program of special education for handicapped or exceptional children. The commissioner, with the approval of the state board, shall make necessary rules and regulations for the proper administration of this chapter. The department is authorized to receive contributions and donations to be used in conjunction with appropriations made to carry out the provisions and requirements of this chapter. The department is designated as the agency for cooperation with the Federal Government in any program for the education of handicapped or exceptional children.

§ 3114. Instruction

The commissioner may approve the attendance of handicapped or exceptional children at special schools such as the Governor Baxter State School for the Deaf, Pineland Hospital and Training Center and Perkins Institute for the Blind in Watertown, Massachusetts, or at such other schools or institutions as he may designate. He may approve education at either the elementary or secondary level for handicapped or exceptional children through home instruction, hospital instruction or special services.

§ 3115. Appropriation

Appropriations made under this chapter and subsequent appropriations made for this service are to be used to pay administrative units or institutions designated by the commissioner, as provided for in section 3732 for classes as described in section 3117 and for part of the cost of other approved special education programs according to regulations formulated by the state board to permit adequate instruction and to prevent unnecessary use of state funds. These appropriations may be used for administrative costs, to conduct centers for study and guidance of children and for counseling with their parents and teachers, to engage specialists, to make expenditures to institutions and organizations for the training of deaf children who have not become of compulsory school age, to train teachers and for any other purposes approved by the state board as being necessary to carry out the purpose of this chapter.

§ 3116. Responsibility of administrative units

Every administrative unit is responsible for appropriating sufficient funds to provide for the education of handicapped or exceptional children. This appropriation is to be expended for programs of special education at either the elementary or secondary level under the supervision of the school committee or school directors or for other programs approved by the commissioner.

Any administrative unit operating a class or a school under the authority granted in this chapter may compute an annual tuition rate in the following manner: The salary paid to special education teachers shall be increased by 35% to compensate for the operating costs not included in salaries, and the resulting amount shall be divided by the average daily membership of students in special education classes for the same fiscal year. The per pupil cost thus determined shall become the legal tuition charge for the following school year. Any unit establishing a new special education program may charge a tuition rate which shall not exceed the average per pupil cost of special education classes in the previous year.

§ 3117. Procedures

A class for handicapped or exceptional children may be established in any public school, or under any other plan, provided it is approved as to requirements for admission, teacher preparation, plan of instruction, necessary facilities and supervision. In administrative units where there are too few handicapped or exceptional children to make the organization of a special class feasible, such children may be entered in a special class in another administrative unit. The sending unit shall pay to the receiving private school the actual per pupil cost incurred in the operation of the program for handicapped or exceptional children during the preceding school year. The per pupil tuition charge shall be computed on the basis of financial reports filed by the administrative unit or private schools. Such financial reports shall be filed July 1st of each year in such form as the state board may require, and the allowable tuition charge may not exceed the per pupil operating cost as determined by the state board from the financial reports of the preceding school year. Other programs consistent with the purpose of this chapter may be developed with the approval of the commissioner.

§ 3118. Reports

The superintendent of schools and the director of any institution eligible to receive subsidy under this chapter shall keep an accurate account of all moneys paid out for the maintenance of special classes, for special instruction and for special transportation, and shall report the same on forms provided for the purpose.

The superintendents of schools and directors of institutions shall report annually on forms provided by the department all children who are physically or mentally handicapped, whether they are attending school or have been excused or excluded from school.

TITLE 20, CHAPTER 405

MENTALLY RETARDED CHILDREN

§ 3161. Teachers; training; reimbursement

Any administrative unit may, in addition to the sum raised for the support of public schools, raise and appropriate money for the education of teachers and other school personnel to meet the educational needs of mentally retarded children. Such appropriation shall be expended on a matching basis with any funds made available by the department for the same purpose.

Teachers and other school personnel who are so trained may be reimbursed through funds of the department on a matching basis for expenditures for such training approved in advance by the commissioner.

§ 3162. Construction or acquisition of school buildings

The county commissioners may expend county funds for construction or acquisition of buildings for education programs for retarded children operated with approval of the department and receiving state subsidies therefor. If the buildings for which county funds have been expended under this section are sold, the proceeds must be expended on services and programs for retarded children. Nothing contained in this section shall be construed to authorize counties to operate such programs.

TITLE 20, CHAPTER 505

LOCATION OF SCHOOLS; CONDEMNATION

§ 3561. School location; closing or suspension; conveyance; board

The location of any school, legally established prior to the 17th day of March, 1893, continues unchanged, notwithstanding the district is abolished, but any town at its annual meeting, or at a meeting called for the purpose, may determine the number and location of its schools and may discontinue them or change their location. Such discontinuance or change of location shall be made only on the written recommendation of the school committee and on conditions proper to preserve the just rights and privileges of the inhabitants for whose benefit such schools were established. In case any school shall hereafter have too few scholars for its profitable maintenance, the school committee may suspend the operation of such school for not more than one year, but shall not close such school for a longer period nor again thereafter suspend operation of such school unless so instructed by the town, but any public school failing to maintain an average attendance for any school year of at least 8 pupils shall be and is suspended, unless the town in which said school is located shall, by vote at the annual meeting or at a meeting called for that purpose, after the said committee shall have made a written recommendation to that effect, instruct its school committee to maintain said school. The superintendent of schools in each town shall procure the conveyance of all elementary school pupils residing in his town, a part or the whole of the distance, to and from the nearest suitable school, for the number of weeks for which schools are maintained in each year, when such pupils reside at such a distance from the said school as in the judgment of the school committee shall render such conveyance necessary; the superintendent shall procure conveyance for special education students to and from classes, whether those classes are conducted by a public or private school outside the administrative unit when said unit does not provide the necessary services. In all cases, conveyance so provided shall conserve the comfort, safety and welfare of the children conveyed and shall be in charge of a responsible driver who shall have control over the conduct of the children conveyed. Contracts for said conveyance may be made for a period not to exceed 5 years. The school committee may authorize the superintendent of schools to pay the board of any pupil or pupils at a suitable place near any established school instead of providing conveyance for said pupil or pupils, when in their judgment it may be done at an equal or less expense than by conveyance.

Whenever a parent or guardian having children of compulsory school age in his care domiciles such children in a location remote from and inaccessible to schools or public highways, he shall be personally responsible for the cost of boarding these children within walking distance to an established public school or for providing suitable conveyance to a public highway. Failure to so provide conveyance or board shall be considered a violation of the truancy law and punished accordingly. The school committee shall authorize the superintendent of schools to pay the board of any pupil or pupils in an amount not to exceed $25 per week at a suitable place near any established school instead of providing conveyance for said pupil or pupils when in their judgment boarding is in the best interest of the child or children.

When a school committee suspends or the voters of an administrative unit authorize the closing of all elementary schools within an administrative unit under this section, the school committee shall make provision for the education of the children at a nearby administrative unit and the sending administrative unit shall pay the tuition charge to the receiving administrative unit.

TITLE 20, CHAPTER 512

GENERAL PURPOSE AID

(Excerpts applicable for Special Education Programs)

§ 3731. General purpose aid, defined

To help equalize educational opportunity and to assist administrative units in providing an adequate educational program for all pupils a sum of money shall be distributed through an equalization formula. It is declared to be the intent of the Legislature that the sum to be distributed through the equalization formula shall equal at least 1/3 of the average per pupil operating cost for all public schools in the State. Operating costs shall cover the fiscal year which precedes the convening of the Legislature. They shall include all expenditures except transportation, community services, capital outlay items and debt service, reduced by tuition receipts. In addition to the sum of money distributed under the equalization formula, each unit shall be reimbursed a percentage of its expenditures for the transportation, board of pupils, school bus purchases and the education of handicapped pupils.

§ 3732.-- computation

The average sums of money expended in the 2 fiscal years preceding the convening of the Legislature by administrative units for public school pupils for transportation, school bus purchase, board of pupils and the education of handicapped children shall be multiplied by the precentages in Table I and the results shall become part of the general purpose aid of the unit.

TABLE I

Per Pupil Valuation= State Valuation÷ Resident Pupils April 1 in Year Preceding the Convening of the Legislature	State Percentage Share of Transportation Costs, Board and the Education of Handicapped Pupils
$26,000 and over	13%
25,000 -- 25,999	17%
24,000 -- 24,999	20%
23,000 -- 23,999	23%
22,000 -- 22,999	27%
21,000 -- 21,999	30%
20,000 -- 20,999	33%
19,000 -- 19,999	37%
18,000 -- 18,999	40%
17,000 -- 17,999	43%
16,000 -- 16,999	47%
15,000 -- 15,999	50%
14,000 -- 14,999	53%
13,000 -- 13,999	57%
12,000 -- 12,999	60%
11,000 -- 11,999	63%
10,000 -- 10,999	67%
9,000 -- 9,999	70%
8,000 -- 8,999	73%
7,000 -- 7,999	76%
6,000 -- 6,999	80%
5,000 -- 5,999	83%
4,000 -- 4,999	87%
3,000 -- 3,999	90%
2,000 -- 2,999	93%
0 -- 1,999	97%

New special education classes for handicapped children shall be reimbursed in the fiscal year immediately following their operation and such reimbursement shall continue for subsequent years as long as the class or classes continue. The expenditures for such classes may be reported using the same rules and guidelines as are set out by statute for computing the tuition costs for handicapped pupils.

****

The students with severe visual handicaps are served by the Division of Eye Care and Special Services, Department of Health and Welfare, Augusta, Maine. Those with mild visual handicaps are provided with educational services by the Bureau of Guidance, Special, and Adult Education, Department of Education, Augusta, Maine.

STATE SUBSIDY TO SPECIAL EDUCATION PROGRAMS

For regular special education programs, each administrative unit is reimbursed a percentage of its actual expenditures for those programs during the two years immediately preceding the convening of the Legislature. The rate of reimbursement ranges from 13% to 97% based upon the per pupil valuation of each unit.

Whenever a unit establishes a new class for handicapped children, the unit will be reimbursed its percentage of the expenditures following the first year of operation. Thus, a unit avoids a long waiting period for state aid when a new program is adopted.

All expenditures are reported on Form 45 GA, page ~~7,~~ 12. ~~items 1, 2, and 3 at the bottom of the page.~~

Expenditures for the transportation of handicapped children are reported under the pupil transportation services on Form 45 GA and are reimbursed at a rate ranging from 13% to 97%, depending upon the wealth of the community.

The regulations relating to state subsidy apply to the following special education programs:

- Emotionally handicapped
- Home instruction
- Special/supplemental tutoring
- Hospital instruction
- Special equipment
- Visually impaired
- Trainable mentally retarded
- Educable mentally retarded
- Hearing impaired
- Speech and language disorders
- Learning disabilities

TITLE VI(A), FEDERAL ASSISTANCE FOR THE EDUCATION OF HANDICAPPED CHILDREN

Title VI-A of the Elementary and Secondary Education Act is a child centered program in special education. It is not a general support program, nor is it a construction, media or training act. However, almost any type of activity or service can be supported under this Title if it is designed to meet the special educational and related needs of the participating handicapped children.

Title VI-A funds are generally used to stimulate the development of comprehensive, quality programs and services, or to support activities which are in addition to or go beyond minimal basic types of programs normally supported by State reimbursement aids. Thus, the Federal funds would generally not be used to establish a few more special classes for retarded children or to employ additional speech clinicians, since these basic services are usually supported through State and local funds.

The basic steps involved in designing a Title VI-A project are essentially the same as those involved in developing any other type of proposal. They include: (1) identifying needs, (2) stating the objectives, (3) developing a specific plan to achieve the objectives, (4) putting the plan into operation, and (5) evaluating its effectiveness. Within this general framework, however, there are a number of additional required elements which must be included in every Title VI-A project in order for it to be considered proper and legal. These required elements include:

(a) child centered objectives

(b) a specific plan to achieve the objectives, which is of "sufficient size, scope and quality to give reasonable promise of substantial progress ..."

(c) adequate plans for evaluation and dissemination

(d) evidence that the project has been planned in coordination with other agencies, and that provision has been made for participation of handicapped children from non-public schools

(e) other elements, including a detailed budget, maintenance of effort provisions, and assurances relating to public agency administration, civil rights compliance, construction, etc.

The following guidelines should be employed when applying for Title VI-A funds:

(1) The prospectus should be limited to two 8-1/2 x 11 typewritten sheets. Place the name of the local education agency or S.A.D., address, telephone number, and amount of funds requested (not to exceed $10,000) in the upper right hand corner of page 1. The project title should be centered on page 1.

(2) The remainder of page 1 should describe your proposed program, the objectives, and a statement as to what impact this Title VI-A project will have on the educational needs of your handicapped pupils.

(3) Page 2 should devote one-half page to the procedures for carrying out the project and one-half page to the way the project will be evaluated, the project information to be disseminated, and what the project status will be upon termination of the Title VI-A funding. Sign your name, with date, at the bottom of page 2.

(4) Return the prospectus not later than January 30 of the year in which you hope to start your program to:

Mr. Joseph W. Kern, Coordinator
Special Education
Bureau of Guidance, Special, and Adult Education
Education Building
Augusta, Maine 04330

PUBLIC LAW 85-926, AS AMENDED

PREPARATION OF PROFESSIONAL PERSONNEL IN THE EDUCATION OF HANDICAPPED CHILDREN

PURPOSE OF THE PROGRAM:

The Bureau of Special Education, Maine State Department of Education, provides stipends to encourage promising individuals to prepare or to improve their competencies for positions in the education of handicapped children as teachers, supervisors, administrators, speech or hearing clinicians, or other specialists.

DESCRIPTION OF THE PROGRAM:

Graduate fellowships for the first year of a master's degree program provide direct payments of $2,200 to the student and up to $2,500 to the college to cover full tuition and fees for the year. There is an additional allowance of $600 for dependents.

Senior year traineeships allow payment of up to $2,000 to the college to cover full tuition and fees and $800 directly to the student.

Junior year traineeships carry a stipend of $300 to the student only.

Summer traineeships and special study institutes are scheduled by the Bureau of Special Education in cooperation with other agencies. These are usually for three or six weeks and allow up to $75 per week for those enrolled to cover actual expenses.

CRITERIA FOR APPLICATION:

Graduate Fellowships: Completion of a Bachelor's degree; acceptance by a graduate school to study in an area of education of the handicapped; personal interview with Bureau consultant in specialty area and/or state scholarship administrator; recommendation of Bureau consultant and employing school district official, if applicable.

Senior and Junior Year Traineeships: Recommendation of college official; personal interview with Bureau consultant and/or state scholarship administrator; recommendation of Bureau consultant.

Summer Traineeships - Special Study Institutes: Must meet certification requirements in the field of specialty or preparation for a position in the education of the handicapped.

APPLICATION FOR UNDERGRADUATE FELLOWSHIP-P.L. 85-926
MAINE STATE DEPARTMENT OF EDUCATION
BUREAU OF GUIDANCE, SPECIAL, AND ADULT EDUCATION
AUGUSTA, MAINE 04330

1. **Name:** Mr. Mrs. Miss ____________________ **Date of Birth** ____________
2. **Address: Present** ____________________ **Permanent** ____________
3. **Dependents:** None ☐ Spouse ☐ Children (No.) ____________
4. **U. S. Citizen:** Yes ☐ No ☐ SS # ____________ Tel. No. Home ____________
5. **Education:** H. S. ______________________________

   College ____________________ Present Level ____________
6. **Present Major or course of study** ______________________________
7. **Parent or guardian:** ____________________ **Occupation:** ____________

   Address: ______________________________
8. **Level of Traineeship:** Junior Year ☐ Senior Year ☐
9. **Area of Traineeship:** Speech & Hearing ☐ Mentally Retarded ☐

   Emotionally Disturbed ☐ Learning Disabled ☐

   Other (Specify) ______________________________
10. **Statement of need for financial assistance:**

    Father's annual salary: $ ____________ Mother's annual salary: $ ____________

    No. of children in family: ____________ Your estimated annual earnings: $ ____________

    Your estimated school expenses for the year: $ ____________

    Unusual circumstances, if any: ______________________________

    ____

    ____
11. **Briefly state your reasons for interest in working with exceptional children:**

    ____

    ____

    ____

12. When do you expect to complete requirements for your Bachelor's degree? ________

____

13. Are you able to come to Augusta for a personal interview? ________________

If not, we will arrange to visit you at your college.

14. Return this application and all other materials (refer to fact sheet) not later than April 1, to the address on the first page heading, attention of: Joseph W. Kern, Special Education Coordinator.

I hereby make application for an undergraduate fellowship to begin on ____________ and end on ________________. Upon completion of my studies, I expect to remain in Maine working with the handicapped.

____
Applicant's Signature

____
Date of Application

FOR STATE USE ONLY:

Application received: ________________

Transcript(s) received: ________________

Recommendation letter received: ____________

Date of personal interview: ______________

Name of Bureau Consultant: ______________

Consultant's remarks and recommendation: ______________________

____

Application approved: ________________

If not, reason for disapproval: ______________________

If approved, verification of attendance at College or University received: ________

Date enrolled: ________________

____
Signature of Authorized State Official

APPLICATION FOR GRADUATE FELLOWSHIP-P.L. 85-926
MAINE STATE DEPARTMENT OF EDUCATION
BUREAU OF GUIDANCE, SPECIAL, AND ADULT EDUCATION
AUGUSTA, MAINE 04330

1. Name: Mr. Mrs. Miss ____________________ Date of Birth: __________

2. Address: (Present) ____________________ (Permanent) __________

3. Dependents: None ☐ Spouse ☐ Children (No.) ☐

4. U. S. Citizen: Yes ☐ No ☐ SS # __________ Home Tel. __________

5. Education:

College or University	Semester Credit Hours	Major	Degree

6. Teaching or other position with children:

Position	Place of Employment	Dates From	To

7. What graduate degree are you a candidate for? __________

In what area(s) will you be studying? __________

College or University you plan to attend? __________
(Send a copy of your letter of acceptance)

8. Please state your reasons for interest in working with exceptional children.

____

____

____

9. Statement of need for financial assistance:

Father's annual salary: $ __________ Mother's annual salary: $ __________

No. of children in family: __________ Your estimated annual earnings: $ __________

Your estimated school expenses for the year: $ __________

Unusual circumstances, if any: __________

____

10. Are you able to come to Augusta for a personal interview? ____________

11. Return this application and all other materials (refer to fact sheet) not later than April 1 to the address on the first page heading, attention of: Joseph W. Kern, Special Education Coordinator.

I hereby make application for a graduate fellowship to begin on ____________

and end on ____________. Upon completion of my studies, I expect to

remain in Maine working with the handicapped.

____
Applicant's Signature

____
Date of Application

FOR STATE USE ONLY:

Application received: ____________

Transcript(s) received: ____________

Recommendation letter received: ____________

Verification of acceptance by College or University received: ____________

Date of Personal interview: ____________

Name of Bureau Consultant: ____________

Consultant's remarks and recommendation: ____________

____

Application approved: ____________

If not, reason for disapproval: ____________

If approved, verification of attendance at College or University received: ____________

Date enrolled: ____________

____
Signature of Authorized State Official

SPECIAL EDUCATION INSTRUCTIONAL MATERIALS CENTER

The Special Education Instructional Materials Center is a project of, and under the direction and support of, the Maine State Department of Education. It was established in June, 1968, at Farmington State College, under the provisions of Title VI of the Elementary and Secondary Act.

It is the function of this Center to serve as a resource installation for the collection, storage, and dissemination of instructional materials in special education for the teachers of handicapped children in Maine. Consultation will also be provided with regard to the use of instructional materials with exceptional children.

The Center publishes monthly, during the school year, a Special Education Newsletter for distribution to the members of the Center. The newsletter is used as a means of information to special education teachers throughout Maine. Contributions from interested members and other special education personnel are welcomed.

The Center is also concerned with the acquisition of professional texts and pamphlets, periodicals, tests and microfiche. Professional texts and pamphlets may be borrowed through inter-library loan from the Mantor Library at Farmington State College. Periodicals may only be used at the library. Tests and microfiche may be reviewed at the Instructional Materials Center.

The loan privileges are restricted to only members of the Center, and membership is available to all special education personnel working directly with exceptional children.

During the school year, the staff of SEIMC conducts regional demonstrations of materials throughout the state. Members may borrow materials at the demonstrations as well as discuss problems and needs with the staff consultants.

The Center hopes that all special education personnel in the State of Maine will join in this approach to assist in the education of exceptional children. The staff hopes that it can mobilize the necessary resources to assist in the improvement of instruction at the classroom level.

Members of the Center are eligible for the following services:

An acquisition list of materials
Mail ordering
Library privileges
Consultation services
Demonstrations of materials
Workshops
Monthly Newsletters
Information retrieval
Evaluation of Instructional Materials

EDUCABLE MENTALLY RETARDED PROGRAM STANDARDS

A. GENERAL

(1) Educable mentally retarded children are those who have an I. Q. between 55 and 75 as measured on an individual psychological test. However, intelligence tests are not infallible and it is difficult to determine the existence and degree of mental retardation on the basis of I. Q. score alone. It is important that the following facts be considered in any case of real or suspected mental retardation:

a. the degree of retardation

b. the way the retardation affects the child's ability to function effectively in his environment

c. any accompanying handicaps such as sight, speech, hearing, motor or emotional difficulties

d. avenues of adjustment open to the child

B. ELIGIBILITY

(1) Any educable mentally retarded child shall be eligible for enrollment in an educable mentally retarded (EMR) class providing he meets the following requirements:

a. Has an I. Q. between 55 and 75 as determined by taking a Stanford Binet Individual Intelligence Test (preferred) or a Wechsler Intelligence Scale for Children, administered by a person qualified to administer individual intelligence tests. The WAIS (Wechsler Adult Intelligence Scale) should be used for those 16 or over.

NOTE: Pupils in EMR classes must be retested at least every three years on a Stanford Binet, a WISC, or a WAIS by a qualified person.

A child with an I. Q. between 50-55 and 75-80 as determined by the above mentioned tests, also may be placed in a class for educable mentally retarded children if the following concur in evaluating the child as being educable mentally retarded:

1. qualified psychological examiner
2. teacher of EMR class
3. principal of the building where child has been in attendance
4. superintendent of schools
5. state consultant of education for mentally retarded children
6. elementary supervisor and/or special education supervisor (if available)

b. Has been examined by a pediatrician, school physician, or family doctor and all physical handicaps affecting education instruction have been corrected as far as possible.

c. Has been recommended for an EMR class by the superintendent of schools after study of the child's previous school records.

(2) The class must be approved by the Consultant of Education for Mentally Retarded Children. Forms MR-7A and MR-11 are provided for this purpose.

C. CLASS SIZE AND AGE RANGE

(1) In self-contained classrooms for the educable mentally retarded, the enrollment may not exceed 15. However, five additional pupils may be added if a full-time teacher aide is provided.

In a class where pupils are intergrated with others in homerooms, shop, home economics, physical education, music and art in a departmentalized situation, 20 educable mentally retarded pupils may be placed in the class. However, the certified teacher of the EMR class may not have more than 15 at any one time for an academic subject.

(2) The following groupings are recommended:

a. primary group - ages 7-10

b. intermediate group - ages 11-13

c. junior high group - ages 13-15

d. high school group - ages 16-20

STATE OF MAINE
Department of Education
AUGUSTA, MAINE 04330

April 15, 1970

Memo to: All persons concerned with the operation of public school EMR classes.

Subject: Addition to Special Education Administrative Handbook - Education of Educable Mentally Retarded Children - Insert as Page 30(a).

The following addition to the regulations was passed by the State Board of Education on March 13, 1970. It is to be added under the section, "Eligibility of Pupils" and to follow the section which states that the pupils must be retested at least every three years.

> "If, upon being retested, the student scores an I.Q. of 80-85, it is required that a screening committee composed of at least four professionals involved with the student (i.e. the tester, the special class teacher, the principal, the superintendent, etc.) study the case and decide if the pupil should remain in the special class or be returned to a regular grade at the end of that school year. If he remains in the special class, he must be retested at the end of the second year. If he continues to show improvement, he should again be evaluated by the screening committee. He should not be retained in the special class if it is felt he could adjust in a regular classroom with some special help."

(3) The chronological age range within an EMR class should not be more than four years, if possible.

D. EQUIPMENT, HOUSING, AND MATERIALS

(1) A class for educable mentally retarded children shall be housed in an approved regular school building with children of comparable chronological age.

(2) The room used by the EMR class should provide space for special projects, group study, audio-visual equipment, and ample supplemental materials to meet the individual needs of the children.

E. PROGRAM

(1) The program of instruction shall be under the guidance of the State Department of Education and the supervision of the superintendent of schools in keeping with the accepted philosophy and objectives of educating mentally retarded children.

(2) The program should have continuity of instruction and services from age seven through the secondary level. The chronological age of seven or the mental age of five is recommended as the earliest entering age into a class for the educable mentally retarded.

(3) Program organization shall be essentially the same as for other pupils in the same building. This applies to the length of the school day, amount of participation in general school activities, and grouping of pupils in the same classroom.

   a. In the elementary school the unit is primarily self-contained.

   b. In the secondary school, these pupils shall participate with the general student body in selected non-academic courses and activities, such as homeroom, shop, home economics, music, art, and physical education.

   c. In secondary schools the EMR class teacher shall be responsible only for pupils in the EMR class. While not all pupils at this age level remain with the EMR class teacher all day, the teacher's responsibility is a full-time one.

(4) The instructional program for all age levels shall be appropriate to the needs and capabilities of the educable mentally retarded.

   a. In the elementary programs, the EMR class teacher has full-time responsibility for the children.

   b. In the secondary program, all academic work shall be carried on by the EMR class teacher. In addition, the EMR class teacher has the responsibility for coordination of the total instructional program for these pupils within the school.

   c. Work-study programs in the senior high schools shall be a part of the total curriculum offering for these students.

F. TEACHER QUALIFICATIONS

A teacher shall meet all the certification requirements as established by the State Board of Education for this area of specialization.

G. INDIVIDUAL SPECIAL EDUCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED CHILDREN

Individual instructional programs may be provided for those educable mentally retarded children who are unable to attend or benefit from public school EMR classes and who meet the requirements. Since Maine is a rural state and covers a large area, it is impossible to suggest one or two plans which will meet the needs of all children. Provisions should be made for as many of these differences as possible. Whenever it is impossible or impractical to establish a class for mentally retarded children in a community and where there is no public school EMR class to which the child may commute, the Department of Education may approve a program for home instruction or attendance at a private school, providing these programs are approved by the same standards established for public school classes.

(1) Each child must be approved by the Maine State Department of Education before being provided with a special educational program. Form MR-11 is provided for this purpose by the State Consultant of Education for Mentally Retarded Children.

(2) It is preferable that the teacher shall hold a certificate permitting him to instruct mentally retarded children. However, in the event that it is not possible to procure a teacher with such

certification, approval may be granted if the teacher of the homebound child holds certification acceptable to the Commissioner of Education.

(3) The program of instruction shall be under the general supervision of the State Department of Education and the immediate supervision of the superintendent of schools and shall be in keeping with the accepted philosophy and objectives of education of mentally retarded children.

H. SPECIAL CERTIFICATION OF TEACHERS OF EDUCABLE MENTALLY RETARDED CHILDREN

The basic requirement is eligibility to an elementary or secondary certificate of provisional or professional grade. Twelve hours of credit are required in the field of the exceptional child.

If one meets the above requirements, except for the twelve hours of special education, a special one-year conditional certificate can be granted after six hours which should include two of the following courses:

Methods of Teaching the Retarded Child
Curriculum for the Retarded Child
Psychology of the Retarded or Psychology of the Exceptional Child
Federal Institute on Mental Retardation
Observation and Practice in Special Education

Six more hours must be earned before the second year of teaching and before a special five-year certificate is granted. Suggested courses which are accepted for certification also include the following:

Education of the Emotionally Disturbed
Nature and Needs of the Retarded
Problems in Education (Retarded)
Physical Education for the Mentally Retarded
Education of Culturally Deprived Children
Introduction to Speech Correction, or Problems in Speech and Language Development

The title of the course should contain a field of exceptionality which would apply to the area of mental retardation.

Courses not accepted toward special certification:

- Remedial Reading
- Abnormal Psychology
- Tests and Measurements
- Individual Psychological Testing
- Psychology of Childhood
- Psychology of Learning
- Psychology of Adolescence
- Mental Hygiene

IMPORTANT: All questions relating to certification should be directed to the Division of Professional Services, State Department of Education, Augusta, Maine 04330.

I. REIMBURSEMENT FOR SPECIAL COURSES (Under Sec. 3161 of Title 20, Chapter 405)

(1) Such funds as shall be paid by the Department of Education are to be paid on a matching basis under the following conditions:

a. Teachers qualifying for reimbursement must hold certification from the Department of Education in one of the following areas: elementary, junior high, or secondary education.

b. Teachers qualifying for reimbursement must be teaching mentally retarded children in an approved program at the time subsidy is paid.

c. Teachers qualifying for reimbursement for courses must have made application to the Department of Education and have received approval before taking such course or courses.

(2) Such funds as shall be paid by the Department of Education are to be paid on a matching fund basis for:

a. tuition costs of course within the field of special education

b. books that are required by such courses

c. board and room charges, or transportation costs in lieu of board and room not in excess of twenty-five dollars per week

(3) A ruling of January 17, 1966, from the Attorney General regarding teacher's subsidies states that the subsidies can be paid only to teachers in public school EMR classes.

"Reason: The tenor of 20 M.R.S.A. 3161 is that the State shall participate in a program whereby public school teachers are trained 'to meet the educational needs of mentally retarded children.' This section does not admit to an interpretation that teachers in either an approved private school or teachers in the Pineland Hospital and Training Center may participate in the program."

(4) Form MR-5A, Request for Subsidy on Professional Credits Earned Preparing to Teach Mentally Retarded Children, must be sent to the State Consultant on Education for Mentally Retarded Children by October 15.

J. REPORT FORM SCHEDULE

NAME OF FORM AND DESCRIPTION		DATE DUE
MR-6	Report of Services Rendered to Mentally Retarded Children	July 15
MR-7A	Application for Approval of a Special Class for Educable Mentally Retarded Children in Public Schools	October 15
MR-11	Initial Application for Approval of a Special Program for an EMR child	Must be filed for each child at time of admittance to program
MR-13	Renewal of Services for Educable Mentally Retarded Receiving Home Instruction	October 15
MR-14	Renewal of Services for Mentally Retarded Children Attending a Private School or Class	October 15
MR-10	Change in Special Class Enrollment	Must be filed when a change occurs in a special class
MR-9	Application for Approval of Courses for Subsidy for Teachers Preparing to Teach Mentally Retarded Children	Must be filed before a course is taken
MR-5A	Request for Subsidy on Professional Credits Earned by Teachers Preparing to Teach Mentally Retarded Children	October 15

MR-6 (Revised 5/69)

State of Maine
Department of Education
Augusta

Date________________________

REPORT OF SERVICES RENDERED TO MENTALLY RETARDED CHILDREN

SPECIAL CLASS FOR EDUCABLE MENTALLY RETARDED

Please file a separate form for each special class on or before July 15

For School year 19__ - 19__ TOWN___________________________

Name of Teacher______________________________________

LIST TUITION STUDENTS AFTER RESIDENT PUPILS

Give the latest I.Q. score available.

	NAME	TOWN	I.Q.	AVERAGE DAILY MEMBERSHIP NOT ATTENDANCE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Return to: Consultant, Education for
Mentally Retarded Children, Department
of Education, Augusta, Maine

SIGNED_________________________________
Superintendent of Schools

II EDUCABLE RETARDED CHILDREN RECEIVING HOME INSTRUCTION OR SPECIAL TUTORING

NAME	TOWN	I.Q.	HOURS OF INSTRUCTION RECEIVED	TUTOR

III EDUCABLE RETARDED RESIDENT CHILDREN ATTENDING A PRIVATE SCHOOL

PRIVATE SCHOOL____

ADDRESS:____

NAME	I.Q.	AVERAGE DAILY MEMBERSHIP (NOT ATTENDANCE)

DATE____________________

____
SUPERINTENDENT

____
TOWN

State of Maine
Department of Education
Augusta

Date__________________

REPORT OF ENROLLMENT IN PRIVATE
SCHOOLS FOR TRAINABLES
REPORT OF SCHOOL YEAR 19__ - 19__

REPORT IS DUE ON OR BEFORE JULY 15.

NAME OF PRIVATE SCHOOL______________________________ ADDRESS________________________

Please list all pupils attending your private school during the past year. If you also have educable children please list them separately.

NAME	HOME TOWN	BIRTHDATE	I.Q.	AVERAGE DAILY MEMBERSHIP NOT ATTENDANCE

SIGNED:______________________________
Director of the School

Return to:
Mrs. Emma J. MacDonald, Consultant
Education of Mentally Retarded Children
Department of Education
Augusta, Maine 04330

MR-7A

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

APPLICATION FOR APPROVAL OF A SPECIAL CLASS FOR MENTALLY RETARDED CHILDREN IN PUBLIC SCHOOLS

1. TO BE FILED IN DUPLICATE NOT LATER THAN OCTOBER 15.
2. PLEASE TYPE OR PRINT IN INK ALL INFORMATION REQUIRED.
3. PLEASE MAKE A SEPARATE APPLICATION FOR EACH CLASS.
4. PLEASE LIST TUITION STUDENTS AFTER THE RESIDENT PUPILS.
5. SUPERINTENDENT'S COPY MUST BE KEPT ON FILE FOR A MINIMUM OF FIVE YEARS.

SUPERINTENDENT OF SCHOOLS

NAME ______________________________

OFFICIAL ADDRESS ______________________

____

____

1. Has an MR-11 Form been filed with the Director of Education for Mentally Retarded Children for each educable mentally retarded child in the special class?

____

2. Have all remedial medical defects been corrected?______________________

____

3. Has written permission been received from parents or legal guardian(s) for all children who are participating in this special education program?______________

____

4. Has the Superintendent recommended these pupils for special class placement after having studied their past and present school records?______________

____

5. Is the program of instruction in this class, in your opinion, in keeping with accepted philosophy and objectives of education for mentally retarded children?

____

6. Does the room in which this class is located meet the same physical requirements as regular school classrooms?______________________

____

7. Is this room equipped with movable furniture of the correct size?

____

8. Building and community where class is located?______________________

____

9. Length of school day?______________________

10. Town applying for approval of special class subsidy?______________________

____

MR-7A

DATA ON ALL TEACHERS DOING ANY WORK WITH THESE CHILDREN.

Name	Yearly Salary	Type of Certificate Held

DATA ON ALL CHILDREN ENROLLED IN THIS CLASS (ALPHABETICALLY).
PLEASE LIST TUITION STUDENTS AFTER RESIDENT PUPILS.

		Individual Psychological Examination				
Name of Pupil	Date of Birth	Name of Test and Tester	Date Given	CA	MA	IQ

MR-11 Part A

MAINE STATE DEPARTMENT OF EDUCATION

SPECIAL EDUCATION FOR MENTALLY RETARDED CHILDREN

Date________________

INITIAL APPLICATION FOR APPROVAL

This report is to be completed by or under the direction of the superintendent of schools.

I. Name of Child____
Last First Middle

II. Address____

III. Information Regarding Parent(s) or Legal Guardian(s)

	MOTHER	FATHER
Name	____________________	____________________
Address	____________________	____________________
Occupation	____________________	____________________

IV. Date of Child's Birth______________________________Sex__________
Month Day Year

V. Chronological Age______ ______ No. of children in family__________
years months No. older than this child__________

VI. Has written permission been received from the parent(s) or legal guardian(s) for this child to participate in a special educational program?__________

* *

VII. Type of special educational program in which this child is to participate. (COMPLETE ONLY A, B, OR C, THE SECTION THAT PERTAINS TO THE TYPE OF PROGRAM IN WHICH THIS CHILD IS TO PARTICIPATE.)

A. PUBLIC SCHOOL SPECIAL CLASS FOR EDUCABLE MENTALLY RETARDED CHILDREN

1. Name or title of special class______________________________
2. School or building where special class is maintained______________
   ____
3. City or town______________________________________
4. Teacher's name____________________________________

B. INDIVIDUAL INSTRUCTIONAL PROGRAM FOR AN EDUCABLE MENTALLY RETARDED CHILD

1. Name and address of building where this child is to receive individual instruction if other than his home

   ____

2. City or town where instruction is to be given

   ____

3. Name of teacher______________________________
4. Type of certification held______________________________
5. It is planned that instruction will be given____________hours per day for ____________days per week a period of____________weeks each school year.

C. PRIVATE SCHOOL OR CLASS FOR EDUCABLE MENTALLY RETARDED CHILDREN

1. Name of private school or class

   ____

2. Address______________________________
3. Name of person in charge______________________________

To the best of my knowledge, the preceding data is correct and I recommend this child for this special educational program for educable mentally retarded.

Signed:______________________________
Superintendent of Schools

____
City or Town Applying for Approval

Date:______________________________

MR-11 Part B

* ** * CONFIDENTIAL * ** *
****

REPORT OF INDIVIDUAL PSYCHOLOGICAL EXAMINATION

To be completed by the qualified person administering the psychological examination(s).

Name of Child

Address

Name of Parent(s) or Guardian(s)

Mother Father

Address

Date of Child's Birth month day year Sex

Chronological Age years months Mental Age years months

Date of Examination

Name of Test(s) Form(s)

Intelligence Quotient

Examiner Address

TEST SUMMARY

Date: Signed:
Psychological Examiner

MR-11 Part C

* ** * CONFIDENTIAL * ** *
****

REPORT OF INDIVIDUAL PHYSICAL EXAMINATION

To the examining pediatrician or physician:

In diagnosing mentally retarded children it is of extreme importance to determine and correct any and all remediable physical defects. Many times a child is diagnosed as being mentally retarded when he has a physical defect which hinders his academic achievement. We can provide a good educational program for each child only if we are aware of any and all factors that influence his growth and development.

Name of Child____________________ Age________

Address____________________________

Name of Parent(s) or Legal Guardian(s)________________

Height__________ Weight__________ Sex________

TO BE COMPLETED BY THE EXAMINING PEDIATRICIAN OR PHYSICIAN

Code to be used:
No defects - O
Immediate attention - XX
Non-correctable defect - N
Remediable defect - R
Corrected defect - C
Under treatment - TR

Skin________________

Eyes________________ Vision Right________ Left________

Ears________________ Hearing Right________ Left________

Nose________________

Teeth________________

Throat________________

Glands________________

Heart________________

Lungs________________

1. Does this child have any other irremediable defects?__________If so, describe the disability caused.____

____

2. Does this child appear to have any problems relating to growth, development or nutrition?________________________If so, describe problem(s)____________

____

____

3. Does this child appear to have any neurological disorders?________________

4. If possible to determine, what is the cause of mental retardation?__________

____

____

ADDITIONAL COMMENTS AND RECOMMENDATIONS

Date:________________________ Signed: ______________________________

Pediatrician or Physician

Address:______________________________

MR-13

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

RENEWAL OF SERVICES FOR MENTALLY RETARDED CHILDREN RECEIVING HOME INSTRUCTION

This report is for use by the superintendent of schools to renew individual cases for which an MR-11 form is already on file in the office of the Director of Education for Mentally Retarded Children.

Superintendent of Schools____

Address____

1. Child's Name____________________Address____________________Age____IQ____
Instructed by____________________Certification held______________Instruction
given____hours per day for____days per week for____weeks per year.
2. Child's Name____________________Address____________________Age____IQ____
Instructed by____________________Certification held______________Instruction
given____hours per day for____days per week for____weeks per year.
3. Child's Name____________________Address____________________Age____IQ____
Instructed by____________________Certification held______________Instruction
given____hours per day for____days per week for____weeks per year.
4. Child's Name____________________Address____________________Age____IQ____
Instructed by____________________Certification held______________Instruction
given____hours per day for____days per week for____weeks per year.
5. Child's Name____________________Address____________________Age____IQ____
Instructed by____________________Certification held______________Instruction
given____hours per day for____days per week for____weeks per year.
6. Child's Name____________________Address____________________Age____IQ____
Instructed by____________________Certification held______________Instruction
given____hours per day for____days per week for____weeks per year.
7. Child's Name____________________Address____________________Age____IQ____
Instructed by____________________Certification held______________Instruction
given____hours per day for____days per week for____weeks per year.

To the best of my knowledge, the preceding data is correct and I recommend these children for special educational program.

Date______________ Signed:______________________________
Superintendent of Schools

MR-14

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

RENEWAL OF SERVICES FOR MENTALLY RETARDED CHILDREN RECEIVING INSTRUCTION IN A PRIVATE SCHOOL

This report is for use by the superintendent of schools to renew individual cases for which an MR-11 form is already on file in the office of the Director of Education for Mentally Retarded Children.

Name and address of private school or class ______________________________

____

Teacher's Name ____

Children Continuing in Private School (Class)

	Child's Name	Address	Birth Date	I.Q.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

To the best of my knowledge, the preceding data is correct and I recommend these children for special educational programs.

Date __________

Signed: ______________________________
Superintendent of Schools

MR-10

State of Maine
DEPARTMENT OF EDUCATION
Augusta

Date________________19__

Superintendent of Schools________________________________

Address________________________________

I am reporting the following changes in enrollment:

Name of Student________________________________

Teacher's Name________________________________

Disposition of Case________________________________

____

____

Name of Student________________________________

Teacher's Name________________________________

Disposition of Case________________________________

____

____

Name of Student________________________________

Teacher's Name________________________________

Disposition of Case________________________________

____

____

If a child leaves the program or is transferred within a school system, state the reason. If child moves from the school system advise this office, if possible, of new address.

If a child is added to the program, report the date of birth, the name of the test used and the name of the tester, the date the test was given, the chronological and mental age of the child and the child's I.Q.

MR-9

State of Maine
DEPARTMENT OF EDUCATION
Augusta

APPLICATION FOR APPROVAL OF COURSES FOR SUBSIDY

FOR TEACHERS PREPARING TO TEACH MENTALLY RETARDED CHILDREN

Name __________________ __________________ __________________
Last First Middle

Address
Address ______________________________________

College you plan to attend ________________________________

COURSE RECORD

	COURSES	DATES						Sem. Hrs. Cr.
		From:			To:			
No.	Title	Month	Day	Year	Month	Day	Year	
Regular Year ☐	Ext. Course ☐	Summer Session ☐			Total Credit Hours			

What is the tuition rate per semester hour credit? __________

What will be the total cost of tuition? __________

Will you reside at the college? __________

What will be the cost of board and room? __________

Are you certified to teach mentally retarded children? __________

After completing the above course(s), will you be eligible to become certified to teach mentally retarded children? __________

Are you now teaching a special class for mentally retarded children? __________

Where? ________________________________

Do you plan to teach a special class for mentally retarded children? __________

Where? ________________________________

Date ________________ Signed ________________________

**Keep ALL RECEIPTS as you will need to submit them with your final application for subsidy when your studies are completed.

MR-5A

REQUEST FOR SUBSIDY
on
PROFESSIONAL CREDITS EARNED PREPARING TO TEACH MENTALLY RETARDED CHILDREN

THIS REQUEST MUST BE RETURNED TO: Director, Education for Mentally Retarded Children
State Department of Education
Augusta, Maine 04330

ON OR BEFORE OCTOBER 15, IN ORDER FOR YOU TO RECEIVE REIMBURSEMENT IN DECEMBER.

SUBSIDY REQUEST FOR______________________________

of______________________________, Maine.

To reimburse for expenditures made under the provisions of Section 207-J, Chapter 41, Revised Statutes 1954, As Amended,

To______________________________
Last First Middle

COURSE RECORD

COURSES		Name of School	Dates Attended				Sem. Hrs. Cr.	Grade
			from:		to:			
No.	Title		Mo.	Yr.	Mo.	Yr.		
Regular Year ☐ Ext. Course ☐ Summer Session ☐						Total Credit Hours		

AFFIDAVIT

I hereby certify that the above information is correct, that the courses cited are accurate transcriptions of official records submitted to me, and that reimbursement by the State is properly due.

____
Superintendent of Schools
Union #_____ S.A.D. #_____

Date__________

SUBMIT ONE BLANK FOR EACH TEACHER

(Duplicate copy for Supt's file)

FOR STATE OFFICE USE

Approved:____________________
Director, Education for Mentally Retarded Children

- - - - - - - - - - - - - - - - - - - -

	Initials
Holds Certificate	
Courses Approved	
Audited	
Posted to Contr.	
Posted Perm. Rec.	

REMARKS:

____
(name) (address)

ITEMIZED EXPENDITURES

TUITION COSTS ______________________ $__________

Course Number and Title ______________________ $__________

______________________ $__________

______________________ $__________

______________________ $__________

TEXTBOOKS ______________________ $__________

______________________ $__________

______________________ $__________

______________________ $__________

______________________ $__________

BOARD AND ROOM CHARGES ______________________ $__________

not in excess of $25 per week

Paid on__________for period______

to______________________ $__________

Paid on__________for period______

to______________________ $__________

Paid on__________for period______

to______________________ $__________

TRANSPORTATION in lieu of board and room

From__________to__________ $__________

For period from_____to__________

From__________to__________ $__________

For period from_____to__________

TOTAL EXPENSES $__________

I hereby certify the above expenditures are correct and accurately reflect information and receipts submitted to me.

____
Superintendent of Schools

TRAINABLE MENTALLY RETARDED PROGRAM STANDARDS

A. GENERAL

The trainable mentally retarded child is the child who, because of retarded intellectual development, is unable to benefit from classes for the educable mentally retarded child, but who may be expected to benefit from training programs designed to further his social adjustment and economic usefulness at home or in a sheltered environment. Trainable mentally retarded children develop intellectually at one-third to one-half the normal rate. Their intelligence quotients will range from 55 downward with the lower limit being approximately 25.

B. ELIGIBILITY

A trainable mentally retarded child shall be eligible for enrollment in a special education program for trainable mentally retarded children if he meets the following requirements:

a. Has an I. Q. between 25 and 55 (potential for social independence taken into consideration) as determined by an appropriate standardized test administered by an examiner certified by the Board of Examiners of Psychologists of Maine. Pupils in the class for trainable mentally retarded shall be reassessed at the end of every school year, and at least once every three years by a certified psychological examiner. The reassessment reports are to be sent to the Consultant of Education for the Trainable Mentally Retarded Children, State Department of Education.

b. Is of the same age as that established for the regular school program.

c. Has been examined by a pediatrician or physician and all physical handicaps affecting educational instruction have been corrected as far as possible.

d. Has been determined by school officials or a psychological examiner after adequate trial(s) to be:

    1. Ambulatory to the extent and in such physical condition that no undue risk to himself or hazard to others is involved in his daily work and play activities.

2. Trained in toilet habits so that he has control over his body functions to the extent that it is feasible to keep him in school.

3. Able to communicate to the extent that he can make his wants known and understand simple directions.

4. Developed socially to the extent that his behavior does not endanger himself and the physical well being of other members of the group.

5. Emotionally stable to the extent that group stimulation will not intensify his problems unduly, that he can react to learning situations and that his presence is not harmful to the welfare of other children.

e. Has potential for:

1. self-care

2. social adjustment in the home, school, and community

NOTE: It is recommended that parental permission be obtained before a child is placed in a special education program recognizing that the local school board has statutory authority to assign pupils to classes.

C. CLASS SIZE

(1) The maximum enrollment of a primary class (chronological age 5-9) in which a child is a member shall not exceed 6; with a teacher aide, 10. The maximum enrollment of an intermediate class (chronological age 10-14) in which a child is a member shall not exceed 8; with a teacher aide, 12. The maximum enrollment of an advanced class (chronological age 15-20) in which a child is a member shall not exceed 10; with a teacher aide, 14. Modification of class size limits is permitted only under special authorization from the Consultant of Education for Mentally Retarded Children, State Department of Education.

(2) The minimum enrollment of any class shall not be fewer than three.

D. EQUIPMENT, HOUSING, AND MATERIALS

The building and the room in which the trainable mentally retarded class is conducted shall be certified by the appropriate authority regarding health, sanitation, and fire regulations.

The classrooms shall be provided with equipment and materials that will meet the individual needs of each child enrolled.

E. PROGRAM

The program of instruction shall be under the general supervision of the State Department of Education. For those programs under the public school system, the immediate supervision of the superintendent of schools shall prevail. Programs of instruction shall be in keeping with the accepted philosophy and objectives of education of trainable mentally retarded children.

F. LENGTH OF CLASS DAY

The minimum length of class day shall be three hours.

G. TEACHER QUALIFICATIONS

A teacher shall meet all the certification requirements as established by the State Board of Education for this area of specialization.

H. FINANCING

Costs of service provided will be subsidized in accordance with the provisions created by statute pertaining to special education subsidy regulations as outlined on page 18 in this handbook.

NOTE: Those individuals who are not eligible for programs of instruction established under Department of Education guidelines for classes for trainable mentally retarded children may qualify under programs administered by the Bureau of Mental Health, Department of Mental Health and Corrections.

TMR-5 PART A

MAINE STATE DEPARTMENT OF EDUCATION

SPECIAL EDUCATION FOR TRAINABLE MENTALLY RETARDED CHILDREN

Date ______________________

INITIAL APPLICATION FOR APPROVAL

This report is to be completed by or under the direction of the superintendent of schools.

I. Name of Child ____
Last First Middle

II. Address ____
Street Town

III. Information Regarding Parent(s) or Legal Guardian(s)

	MOTHER	FATHER
Name	______________________	______________________
Address	______________________	______________________
Occupation	______________________	______________________

IV. Date of Child's Birth ______________________ Sex ____________
Month Day Year

V. Chronological Age ______ ______
years months

No. of children in family ____________
No. older than this child ____________

VI. Public School Special Class for Trainable Mentally Retarded Children

A. Name or title of special class ______________________________

B. School or building where special class is maintained ______________________

C. City or town ______________________________________

D. Teacher's name ______________________________________

VII. A trainable mentally retarded child shall be eligible for enrollment in a special education program for trainable mentally retarded children if he meets the following requirements:

Yes No

___ ___ A. Has an IQ between 25 and 55 (potential for social independence taken into consideration) as determined by an appropriate standardized test administered by an examiner certified by the Board of Examiners of Psychologists of Maine.

___ ___ B. Is of the same age as that established for the regular school program.

___ ___ C. Has been examined by a pediatrician or physician and all physical handicaps affecting educational instruction have been corrected as far as possible.

D. Has been determined by school officials or a psychological examiner after adequate trial(s) to be:

___ ___ 1. Ambulatory to the extent and in such physical condition that no undue risk to himself or hazard to others is involved in his daily work and play activities.

___ ___ 2. Trained in toilet habits so that he has control over his body functions to the extent that it is feasible to keep him in school.

___ ___ 3. Able to communicate to the extent that he can make his wants known and to understand simple directions.

___ ___ 4. Developed socially to the extent that his behavior does not endanger himself and the physical well being of other members of the group.

___ ___ 5. Emotionally stable to the extent that group stimulation will not intensify his problems unduly, that he can react to learning situations and that his presence is not inimical to the welfare of other children.

E. Has potential for:

___ ___ 1. self-care

___ ___ 2. social adjustment in the home, school, and community

VIII. To the best of my knowledge, the preceding data is correct and I recommend this child for the special educational program for trainable mentally retarded.

Signed:______________________________
Superintendent of Schools

Date:______________________________

____
City or Town Applying for Approval

Part B

* ** * CONFIDENTIAL * ** *
****

REPORT OF INDIVIDUAL PSYCHOLOGICAL EXAMINATION

To be completed by the qualified person administering the psychological examination(s).

Name of Child

Address

Name of Parent(s) or Guardian(s)

Mother Father

Address

Date of Child's Birth month day year Sex

Chronological Age years months Mental Age years months

Date of Examination

Name of Test(s) Form(s)

Intelligence Quotient

Examiner Address

TEST SUMMARY

Date: Signed: Psychological Examiner

* ** * CONFIDENTIAL * ** *
****

REPORT OF INDIVIDUAL PHYSICAL EXAMINATION

To the examining pediatrician or physician:

In diagnosing mentally retarded children it is of extreme importance to determine and correct any and all remediable physical defects. Many times a child is diagnosed as being mentally retarded when he has a physical defect which hinders his academic achievement. We can provide a good educational program for each child only if we are aware of any and all factors that influence his growth and development.

Name of Child____Age__________

Address____

Name of Parent(s) or Legal Guardian(s)_____________________________

Height____________________Weight____________________Sex__________

TO BE COMPLETED BY THE EXAMINING PEDIATRICIAN OR PHYSICIAN

Code to be used:	No defects - 0	Remediable defect - R	
	Immediate attention - XX	Corrected defect - C	
	Non-correctable defect - N	Under treatment - TR	

Skin______________________________

Eyes______________________________ Vision Right__________Left__________

Ears______________________________ Hearing Right__________Left__________

Nose______________________________

Teeth______________________________

Throat______________________________

Glands______________________________

Heart______________________________

Lungs______________________________

1. Does this child have any other irremediable defects?__________If so, describe the disability caused.____

____

2. Does this child appear to have any problems relating to growth, development or nutrition?______________________If so, describe problem(s)____________

____

____

3. Does this child appear to have any neurological disorders?________________

4. If possible to determine, what is the cause of mental retardation?__________

____

____

ADDITIONAL COMMENTS AND RECOMMENDATIONS

Date:______________________ Signed:________________________________
Pediatrician or Physician

Address:________________________________

TMR-6

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

APPLICATION FOR APPROVAL OF A SPECIAL CLASS FOR TRAINABLE MENTALLY RETARDED CHILDREN IN PUBLIC SCHOOLS

1. TO BE FILED IN DUPLICATE NOT LATER THAN OCTOBER 15.
2. PLEASE TYPE OR PRINT IN INK ALL INFORMATION REQUIRED.
3. PLEASE MAKE A SEPARATE APPLICATION FOR EACH CLASS.
4. PLEASE LIST TUITION STUDENTS AFTER THE RESIDENT PUPILS.
5. SUPERINTENDENT'S COPY MUST BE KEPT ON FILE FOR A MINIMUM OF FIVE YEARS.

SUPERINTENDENT OF SCHOOLS

NAME ______________________________

OFFICIAL ADDRESS ____________________

____

____

1. Has a TMR-5 Form been filed with the Director of Education for Mentally Retarded Children for each trainable mentally retarded child in the special class?____________________

2. Have all remedial medical defects been corrected?____________________

3. Has the Superintendent recommended these pupils for special class placement?____________________

4. Is the program of instruction in this class, in your opinion, in keeping with accepted philosophy and objectives of the education for trainable children?____________________

5. Does the room in which this class is located meet the same physical requirements as regular school classrooms?____________________

6. Is this room equipped with movable furniture of the correct size?____________________

7. Building and community where class is located?____________________

8. Length of school day?____________________

9. Town applying for approval of special class subsidy?____________________

DATA ON ALL TEACHERS DOING ANY WORK WITH THESE CHILDREN.

Name	Yearly Salary	Type of Certificate Held

DATA ON ALL CHILDREN ENROLLED IN THIS CLASS (ALPHABETICALLY).

PLEASE LIST TUITION STUDENTS AFTER RESIDENT PUPILS.

		Individual Psychological Examination				
Name of Pupil	Date of Birth	Name of Test and Tester	Date Given	CA	MA	IQ

TMR-8

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

Date ____________________19__

Superintendent of Schools____

Address____

I am reporting the following changes in enrollment in trainable classes:

Name of Student____

Teacher's Name____

Disposition of Case____

____

____

Name of Student____

Teacher's Name____

Disposition of Case____

____

____

Name of Student____

Teacher's Name____

Disposition of Case____

____

____

If a child leaves the program or is transferred within a school system, state the reason. If child moves from the school system advise this office, if possible, of new address.

If a child is added to the program, report the date of birth, the name of the test used and the name of the tester, the date the test was given, the chronological and mental age of the child and the child's I.Q.

EMOTIONALLY HANDICAPPED PROGRAM STANDARDS

A. DEFINITION

An emotionally handicapped child may be defined as one who, because of emotional problems or disturbances, is incapable of benefiting from the normal classroom program, even though that program may be flexible and oriented toward individuals.

B. ELIGIBILITY

In order for a child to be eligible for programs for the emotionally handicapped, his disability must be verified by a licensed psychiatrist, psychologist, or pediatrician; however, the State Department of Education at its discretion may approve programs with or without clinical support of the disability. In most cases it shall be the judgment of the examining medical officer or the psychologist that the child will benefit from a special educational program.

(1) Application Form: The superintendent of schools who serves the community in which the child makes his legal residence shall submit Form E.H. to the Consultant for the Emotionally Handicapped, State Department of Education, prior to enrolling the child in a special education program. This form must be signed by the child's parent or guardian, the medical doctor, the professional verifying the emotional handicap, and the superintendent of schools. The proposed program must be approved by the Consultant for the Emotionally Handicapped, Maine State Department of Education before initiation of the program.

(2) Reimbursement: Each town, city, or school district will be reimbursed for monies expended on special education programs for an emotionally handicapped child according to state subsidy regulations as outlined on page 18 in this handbook.

(3) Types of Programs: Approval may be given for programs involving supplemental tutoring, home instruction, special class enrollment within the school system, residential treatment, and unique group or individual programs. Approval will not be given for enrollment in classes for the mentally retarded.

C. REFERRAL PROCEDURE

Emotionally handicapped children are generally recognized by the classroom teacher first. Referral is generally made through the principal or guidance counselor to the superintendent with recommendations for the type of program desired.

D. BEHAVIOR OF THE E. H. CHILD

It is impossible to clearly outline the behavior that an emotionally handicapped child will manifest; however, some suggestions may prove helpful. It is important for the teacher to view the behavior in terms of its severity or continuance. If the same type of deviant behavior exists over a prolonged period of time, it is worthy of investigation. Examples are as follows: hyperactivity, inattention, distractibility, withdrawal or isolation, no peer relationships, social immaturity and poor organization. He may also be impulse driven, have poor motor control, or possess serious learning and memory defects. He probably will show a consistent failure pattern, either from lack of effort or because of poor quality of work.

E. EVALUATION

Continued evaluation is essential and no child will be automatically approved from year to year. It will be necessary for the superintendent to follow the approval procedure at the conclusion of each year in the program if he wishes the program to continue.

Information and application forms may be obtained from the Consultant for the Emotionally Handicapped, Bureau of Guidance, Special, and Adult Education, State Department of Education, Augusta, Maine 04330, 289-2181.

F. SERVICES *

Mental health centers and other programs are available throughout the state and are located as follows:

AREA I

Aroostook Mental Health Services, Inc., Community
General Hospital, Fort Fairfield, Maine 04742

Aroostook Mental Health Services, Inc., 97 Military
Street, Madigan Hospital, Houlton, Maine 04730

Aroostook Mental Health Association, Peoples Benevolent
Hospital, Fort Kent, Maine 04743

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* Maine Mental Health Brief

AREA II

Bangor State Hospital, Bangor, Maine 04401

State of Maine and Eastern Maine Guidance Association, Inc., 23 Ohio Street, Bangor, Maine 04401

Family and Child Services of Bangor, Inc., 36 First Street, Bangor, Maine 04401

Mount Desert Island Child Guidance Association, 322 Main Street, Bar Harbor, Maine 04609

Utterback Private Hospital, 31 Kenduskeag Avenue, Bangor, Maine 04401

Washington County Association for Mental Health, Inc., Down East Community Hospital, Machias, Maine 04654

Department of Mental Health and Corrections, Vickery-Hill Building, Chapel Street, Augusta, Maine 04330

AREA III

Augusta State Hospital, Hospital Street, Box 724, Augusta, Maine 04330

Augusta-Gardiner Community Council, St. Mark's Parish House, State Street, Augusta, Maine 04330

Kennebec Mental Health Association, Box 624, Waterville, Maine 04901

Kennebec Mental Health Association, Fairview Hospital, Skowhegan, Maine 04976

Kennebec Mental Health Association, Augusta General Hospital, East Chestnut Street, Augusta, Maine 04330

Mid-Coast Mental Health Association, Inc., Medical Arts Building, 22 White Street, Rockland, Maine 04841

Veterans Administration Hospital, Togus, Maine 04330

Department of Mental Health and Corrections, Vickery-Hill Building, Chapel Street, Augusta, Maine 04330

AREA IV

Child and Family Mental Health Services, 106 Campus Avenue, Lewiston, Maine 04240

Franklin County Area Family Counseling Services, Inc., 84 Main Street, Wilton, Maine 04294 or P.O. Box AJ, Wilton, Maine 04294

Oxford County Mental Health Association, 420 Franklin
Street, Rumford, Maine 04276

Department of Mental Health and Corrections, Vickery-
Hill Building, Chapel Street, Augusta, Maine 04330

AREA V

Bath-Brunswick Mental Health Association, Inc., 23
Winship Street, Bath, Maine 04530

Community Mental Health Clinic, Maine Medical Center,
22 Bramhall Street, Portland, Maine 04102

Bath-Brunswick Rescue, Inc., 12 Whittier Street,
Brunswick, Maine 04011

Diocesan Bureau of Human Relations Services, 317 Congress
Street, Portland, Maine 04101

The Spurwink School, 899 Riverside Street, Portland,
Maine 04103

Children's Psychiatric Hospital, Pineland Hospital &
Training Center, Box C, Pownal, Maine 04069

The Harbor School, Inc., East Boothbay, Maine 04538

Sweetser-Children's Home, 50 Moody Street, Saco,
Maine 04072

Community Child and Family Guidance Association,
50 Moody Street, Saco, Maine 04072

Child and Family Services, 187 Middle Street, Portland,
Maine 04111

Portland City Hospital, 1151 Brighton Avenue, Portland,
Maine 04102

Rescue, Inc., 331 Cumberland Avenue, Portland, Maine 04111

Psychiatric Services to the Department of Health &
Welfare, Vickery-Hill Building, Chapel Street, Augusta,
Maine 04330

In addition, referrals for severely disturbed children can be made to Children's Psychiatric Hospital, Pownal, Maine 04069, telephone 688-4811, and Sweetser-Children's Home, Saco, Maine 04072, telephone 284-5981 or 284-5982.

The above list is not complete. Any school official desiring information on any facility or program not listed, should contact the State Department of Education.

EH

MAINE STATE DEPARTMENT OF EDUCATION

Application for the Instruction of an Emotionally Handicapped Child*

I. To be completed by parent:

Child's name________________________________Sex___Birthdate________
Address____

Name of parent or guardian____
Address if different____

Last school attended_____________________Grade_____Date__________

It is my wish to have a special educational program for my child,____

Date_________________________   ___________________________________
Signature

II. To be completed by physician.

I have examined___________________________on_______________
and find him to be in satisfactory physical condition except for the following:

I recommend the following restrictions:

Date_______________________   Signature____________________
Type or Print   Name____________________
Address____________________

III. To be completed by psychiatrist, psychologist, other. Please specify.

_________________________________ has been examined by me
on______________________________and it is my opinion that
(he) (she) should be placed in a special educational program
for_______________months.
(estimate)

Results of testing:

Special instructions or comments:

Plans for continued evaluation:

Name of residential treatment center, if any.

Date____________________ Signature____________________

Type or Print Name____________________

Address____________________

IV. To be completed by Superintendent.

It is my belief that____________________, the child of____________________, a resident of ____________________ is incapable of receiving
Town, City, SAD, Union
instruction in our regular school program, therefore approval for the following placement is desired: Residential Treatment, Special Class, Home Instruction (specify hours weekly).

Date____________________ Signature____________________
Superintendent of Schools

Address____________________

V. Program of____________________ for____________________
(Type) (Name)
approved for the school year_______________.

____

____
Consultant for Emotionally Handicapped Children

* Revised February 1970

HEARING IMPAIRED PROGRAM STANDARDS

A. GENERAL

Programs for hearing impaired children are based upon the child's degree of hearing impairment. A child having a hearing loss to a degree which prevents his satisfactory progress in a school for children with normal hearing is an eligible candidate for the Governor Baxter State School for the Deaf. The second program is for the child whose hearing impairment interfers with his educational development, but with amplification, tutorial help and speech therapy can benefit from the normal educational program. The better program for each individual child should be determined by otological and audiological evaluation.

B. ELIGIBILITY

A child having a hearing loss of a degree which prevents his satisfactory progress in a school for children with normal hearing is an eligible candidate for admission to the Governor Baxter State School for the Deaf. Any mentally normal child between six and 18 years of age, too deaf to be materially benefited by the educational program of the public schools, shall be eligible.

A child who has a hearing loss of a degree that does not warrant admission to Governor Baxter State School but who can benefit from added amplification, special tutorial help and speech and language therapy is eligible to have these services provided for him by the local school system.

C. PROGRAMS

The Governor Baxter State School for the Deaf is under the administration of the Department of Mental Health and Corrections. Applications for admittance should be made to the Superintendent, Governor Baxter State School for the Deaf, P. O. Box 799, Portland, Maine, 04104.

Specialized equipment for the hearing impaired child in the regular classroom is designed to assist him in being more capable of partaking of normal classroom instruction. Extra and/or specialized tutorial help are designed to give the hearing impaired child the additional instructional help necessary for him to keep up with his classmates. In most instances speech therapy is also recommended.

D. FINANCING

For each child admitted to the Governor Baxter State School for the Deaf, the town in which the child is entitled to school privileges shall pay to the State Department of Mental Health and Corrections an amount equal to the per capita cost of instruction and equipment in a public elementary school for a normal child in that town. There is no special education reimbursement for children attending Governor Baxter State School.

Special equipment for hearing impaired children in the regular classroom can be purchased by the local school system upon approval of the State Department of Education. Costs of this equipment shall be considered legitimate expenditures for subsidy.

NOTE: The cost of a hearing aid is not reimbursable through the State Department of Education.

Costs of tutorial and therapy services provided will be subsidized in accordance with provisions created by statute as pertains to special education subsidy regulations as outlined on page 18 in this handbook.

E. APPLICATION PROCEDURES

Requests for the approval of equipment and services for hearing impaired children who remain in the regular classroom shall be made by the local superintendent or other duly delegated official. The request shall be made on Form Ph-14, noting the equipment or service desired.

SPEECH AND LANGUAGE DISORDERS PROGRAM STANDARDS

A. GENERAL

Approximately five percent of the school population will require the specialized services of a speech clinician. Some statistics also show that communicative disorders are increasing and the number may be as high as ten percent of the school population.

Disorders of speech are divided into four categories: articulation, voice, rhythm, and language.

B. ELIGIBILITY

Services may be provided for legal school age children whose speech deviates from the norm to the extent that it is conspicuous, unintelligible, or unpleasant.

The minimum case load for a speech clinician is 35 children and the maximum is 100 children. The maximum effective case load will depend on the children involved and the type and severity of their defects. It will also depend upon the number of schools served and travel distance between buildings. The size, length of therapy sessions and the number of sessions per week shall be determined by the speech clinician.

Studies have shown that between forty-five and fifty percent of first grade children with articulation errors are the product of slow maturation and no longer have this problem upon entering the third grade. By administering the Predictive Screening Test of Articulation it is possible to obtain an extimate of which children should be enrolled. Unless prior approval is obtained from the Department of Education, no case load in which more than one-third of the children are below third grade will be approved.

Pre-school deaf and speech defective children are not eligible to enroll in a class for therapy. The State Department of Education, however, will reimburse the clinic, within the limits of available funds, two-thirds of the cost of the therapist's salary, for the proportion of time spent with pre-school children, not to exceed $3,000.

C. PROGRAMS

The responsibility for the program in speech and hearing lies with the clinician. The responsibilities are as follows:

(1) To coordinate the speech sessions with other school activities and with health services.

(2) To cooperate with other community facilities in order to provide the best possible service to speech and hearing handicapped individuals.

(3) To make his schedule available to principals and classroom teachers so that schedules and programs can be well coordinated.

(4) To meet with parents to discuss the child's problems and needs, clinical techniques, and parents' responsibility in the program.

(5) To meet with teachers to discuss the pupil's problem and the classroom teacher's role in the speech and hearing program.

(6) To keep clear and complete records so that future speech work can be based on knowledge obtained through past efforts.

(7) To keep the parents and principal of the school informed of the progress a child is making in the speech and hearing program.

(8) To assist the classroom teacher in general speech improvement activities.

The equivalent of at least one-half day each week, in addition to available time before and after regular school hours, shall be allowed for coordination. This time shall be used for conferences, home visits, planning, and record maintenance.

D. QUALIFICATIONS OF SPEECH CLINICIANS

A clinician shall meet all the certification requirements as established by the State Board of Education for this area of specialization. Additional professional preparation may be required by mutual agreement of the employing agent and the State Department of Education.

E. FINANCING

Costs of services provided will be subsidized in accordance with provisions created by statutes pertaining to special education subsidy regulations as outlined on page 18 in this handbook.

F. APPLICATION PROCEDURES

Responsibility for the initiation of a program for speech and hearing handicapped children rests with the local administrative unit and its duly appointed representative. Necessary forms for applying for approval of a state subsidized program may be obtained from the Consultant, Speech and Hearing Handicapped Children, Department of Education. Applications for pre-school and for individual services must be approved by the State Department of Education prior to the initiation of service. Applications for group therapy programs in the schools must be approved by December 15.

Applications for children being served in private clinics and hospitals must have prior approval of the superintendent of the child's school district before being submitted to the State Department of Education.

Ph-14

Bureau Approval

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

Case Number______

School Year

19___ - 19___

☐ New ☐ Renewal

Name________________________________ Sex________ Birth Date______________

Address______________________________ School Residence________________ Grade_____

Parent or Guardian____________________ Address____________________________

TYPE OF SERVICE REQUESTED (Check)

☐ SPEECH THERAPY

Diagnosis and remarks:____

____

____

____

____

(Use Reverse Side of this Application for Further Case Study, if Necessary.)

Signature of Speech Clinician____

Address____

☐ TUTORING FOR HARD OF HEARING

☐ DESK AMPLIFIER

☐ OTHER (Explain)____

____

APPROVED BY:_________________________________ Date______________
SUPERINTENDENT OF SCHOOLS

UNION #

S.A.D. #

- -

PLEASE RETURN TO: Consultant, Speech and Hearing Handicapped Children
Department of Education
Augusta, Maine 04330

Ph-16

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

ANNUAL REPORT OF INDIVIDUAL SPEECH AND/OR HEARING SERVICES

Name______________________________ Sex____ Date of Birth__________

School Residence___________________________Grade_______________

List the number of times this child was seen during the fiscal year just ended. (July 1 to June 30)_________________________

How often each week has this child been seen?______________________

What is the total fee charged to the local school system for your services to this child for the period covered by this report $______

What is your current recommendation for this child?

☐ Continued Therapy ☐ Dismissal

☐ Other (Explain) ____

____

____

This form must be completed and returned to:

Consultant, Speech and Hearing
Department of Education
Augusta, Maine 04330

by August 15 following the fiscal year for which it covers.

Ph-17

State of Maine
DEPARTMENT OF EDUCATION
Augusta

Request for Approval of Speech and Hearing Clinic
(For pre-school deaf children)

The following children have been admitted to the ______________________________ Clinic to receive auditory training, speech stimulation, speech correction and lip reading, for the school year ending June 30, 19_____.

Name	Residence	Birthdate	Hearing Diagnosis Impairment:		Date of Otological Examination	Otologist
			Severe	Moderate		

Date: ______________________

Signed: ______________________
Director of Clinic

Ph-18

State of Maine
DEPARTMENT OF EDUCATION
Augusta

Request for Subsidy (Speech and Hearing Therapy for Pre-School Deaf Children)

Name of Clinic______________________________City______________

Date of Application____________________

Total number of hours of instruction____________________

Average number of hours of instruction per week____________________

Annual salary of therapist____________________

Proportion of therapist's total time (including class hours, parent-conferences, and diagnosis) allotted to pre-school class. __________hours.

I, the Director of the Clinic named above, do hereby certify that according to my best knowledge and belief the statements herein are true and correct.

Date: ____________________Signed: ________________________

Do Not Fill In Below This Line

- -

The amount of state subsidy will be figured at the Department of Education.

Total Annual Salary of Therapist____________________

60% (not to exceed $3,000)____________________

Ph-19

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

APPLICATION FOR SPEECH THERAPY (GROUP)

Group Approved for Speech Therapy:	**City:** **Union:** **S.A.D.:**

This report should be FILED IN DUPLICATE on or before October 15, of each school year. The green copy will be returned to you and will be your approval. The white copy will be retained in this office.

Signed: ______________________
Speech Therapist

Date Submitted: __________

Signed: ______________________
Superintendent of Schools

Date Received: __________

Date Approved: __________

Ph-19

APPLICATION FOR SPEECH THERAPY (GROUP)

Names (Alphabetically)	School Residence	Type of Speech Problem*	Age	Grade	Check one renewal	 new

*Articulation, Stuttering, Voice, or Other.

Ph-20
Rev. 2/70

State of Maine
DEPARTMENT OF EDUCATION
Augusta

ANNUAL SPEECH THERAPY FINAL REPORT

This report is to be submitted to the Consultant, Speech and Hearing, State Department of Education, at the end of each school year. The name of every child seen in therapy during the year should be included.

School____________________________ Address____________________________

Town, S.A.D., or School Union No.____________________________

Speech Clinician____

Name	Sex	Age	Grade	Diagnosis	Recommendation or Disposition *

*The following Code is to be used in this Column: 1.) Dismissed 2.) Re-enroll 3.) Moved 4.) Dropped due to lack of interest, parental request, etc.

LEARNING DISABILITIES PROGRAM STANDARDS

A. GENERAL

Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps; to mental retardation; emotional disturbance; or to environmental disadvantage.*

B. ELIGIBILITY

(1) The child should have a special learning disability which is not primarily due to sensory, motor, mental retardation, or emotional disturbance, or environmental disadvantage.

(2) The child must exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, writing, spelling, or arithmetic.

(3) The child should generally demonstrate a significant discrepancy between potential abilities and actual achievement.

(4) The child's general learning ability should be above the definition of mental retardation. If he is within the definition of mental retardation and has special learning disabilities, he shall be considered as multiple handicapped.

The school system requesting approval shall use as a model for assessment of a given situation the guidelines recommended by the State Department of Education.

---

*United States Office of Education definition, January 1968, First Annual Report, National Advisory Committee on Handicapped Children.

C. PROGRAM

The program of the local education agency shall meet the following standards:

(1) The program shall be planned as an integral part of a comprehensive special educational plan for the child, coordinating all community and state resources available to the child.

(2) The program shall be based upon clearly stated objectives and desired outcomes appropriate to the normal developmental needs of the child and his learning disabilities.

(3) The program shall provide for the continuing diagnosis and assessment of a pupil's special learning disability by a learning disability or child study team.

(4) The program shall include an individual, prescriptive educational format developed from the assessment of a child's learning and behavior problems.

(5) The program shall be designed to measure the effectiveness of the educational prescription.

(6) The program must include qualified staff and adequate facilities as well as a sound plan of administration within the school district, including the utilization of all school resources.

D. QUALIFICATIONS FOR TEACHERS

A teacher of children with specific learning disabilities shall meet the following criteria:

(1) a valid elementary teacher certificate

(2) a valid certificate in special education

Recognizing that many teachers do not have special training in the area of "learning disabilities," the State Department still, however, strongly recommends that the teacher be an experienced instructor at the grade level of instruction with emphasis in special education, and that, whenever possible, this person have a minimum of six credit hours of training in the area of learning disabilities at the master's level. Course work in the following areas is strongly recommended:

(1) diagnosis and remediation of learning disabilities

(2) curriculum and teaching methods for children with learning disabilities

(3) practicum in teaching children with learning disabilities

E. FINANCING

Costs of service provided will be subsidized in accordance with provisions created by statute as pertains to special education subsidy regulations as outlined on page 18 in this handbook.

F. CLASS SIZE

Enrollment in self-contained classrooms should not exceed eight (8) children. This number may be increased to twelve (12) when the teacher is assisted by a full time aide.

Programs involving a resource teacher working with individual students must of necessity be flexible. The minimum time spent with each student per visitation should be one half hour.

G. APPLICATION PROCEDURES

Responsibility for initiation of a program in learning disabilities rests with the local administrative unit through its duly appointed representative. Necessary forms to apply for approval of a state subsidized group, individual or combination program may be obtained from the Consultant, Education of Physically Handicapped Children, Department of Education, and must be approved prior to the initiation of services.

Forms applicable to this program are:

Ph-3	Medical Report by Physician
LD-1	Education for Learning Disabled Children
*LD-2	Education for Learning Disabled Children, Health Record
*LD-3	Behavioral Rating Sheet

*These items not on exhibit in Administrative Handbook

LD-1

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

Case No.____

SCHOOL YEAR
19__ - 19__

(Approved for:)
( )
( )
(__________________________)

EDUCATION FOR LEARNING DISABLED CHILDREN

New ☐ Renewal ☐

Name________________________________ M or F____ Birth Date________________
Last First Middle mo. da. yr.

P.O. Address________________________________ School Residence________________
Street or Route City or Town City or Town

Name of Parent or Guardian____

Referral Problem____

____

Any Additional Defects____

Last School Attended______________________________ Town__________________

Present Grade Placement___________________________ Town__________________

TYPE OF SERVICE REQUESTED: (check)

Special and/or Supplementary Tutoring ☐ Class Placement ☐

This case reported by:______________________________ Date________________

Address____

Individual Intelligence Test Scores:

a. If WISC used, give Verbal IQ____ Performance IQ____ Full Scale IQ____

b. If Stanford Binet used, give MA_____ IQ____ Basal year____ Ceiling year___

c. Other tests used (only tests comprising both verbal and visual motor subtests are acceptable).

Name of Test______________________________ Scores____________________

Teacher Rating Scale Summary (Teacher rating scale in full should accompany this form). Please note major areas of handicap checked on rating scale.

Learning Behavior____

____

Motor Behavior____

____

Sensory System____

____

Social-Emotional Behavior_________________________________

____

Achievement Test Summary.

Name of Test used____

Word Reading______________________________Grade Score________

Paragraph Reading_________________________Grade Score________

Other Reading Subtests____________________Grade Score________

__________________________Grade Score________

Health Problems, Give major problem areas indicated on accompanying Health Summary (e.g., illnesses, injuries, developmental retardation).

____

____

____

Name of person completing this application

____

Title of Position

APPROVED BY:______________________________Date________________

SUPERINTENDENT OF SCHOOLS Union #____ S.A.D. #____

===

RETURN TO: Consultant, Education for Physically Handicapped Children
State Department of Education
Augusta, Maine 04330

Ph-3

State of Maine
DEPARTMENT OF EDUCATION
Augusta

SCHOOL YEAR 19___ - 19___

EDUCATION FOR PHYSICALLY HANDICAPPED CHILDREN

MEDICAL REPORT BY PHYSICIAN

Name of Pupil________________________________ Date of Birth______________

Address____

Parent or Guardian________________________ Town of Legal Residence______________

Address of Parent or Guardian____

****

Diagnosis____ Age at Onset__________

Is the above pupil physically able to attend regular school classes without special assistance or equipment?____

If unable to attend school do you recommend:

Home Instruction__________________ Sight Conservation Program______________

Special Class__________________ Special Transportation to School__________

Special/Supplemental Tutoring__________

Approximately how long may a special program of education be necessary?______________

____

Does this child have any indication of mental deficiency?______________________

What restrictions should be put upon this child's activities?____________________

____

____

Date of last examination____________ Signed______________________________MD/DO

Address______________________________

____

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RETURN TO: Superintendent of Schools
Town of Pupil's Residence
OR
Consultant, Education for Physically Handicapped Children
State Department of Education
Augusta, Maine 04330

To be completed by a licensed physician based on examination or current knowledge (within 6 months) of the physical condition of the child for whom services are requested. When this form is used with reference to a child with suspected learning disabilities, care should be taken to advise the examining physician to be alert for positive neurological signs. This form must be filed with the Consultant, Education for Physically Handicapped Children, Department of Education.

VISUALLY IMPAIRED PROGRAM STANDARDS

A. GENERAL

The visually impaired child is one whose vision indicates a central visual acuity range of from 20/200 to 20/70 in the better eye after best correction or whose vision is of such a nature so as to preclude normal educational development without provision of a special visual management program.

B. ELIGIBILITY

Services may be provided for legal school age children who suffer from a visual impairment as outlined above, making it impractical or impossible for them to benefit or participate in normal classroom programs without provision of aids, devices or specialized equipment and methods of instruction.

C. PROGRAMS

Children may be provided supplementary tutorial instruction, special devices for magnification, and large print books, where deemed practical and in the best interests of the children. Classes may be established to provide special education services for these children.

D. QUALIFICATIONS FOR TEACHERS

Any teacher holding a valid Maine teacher's certificate at the appropriate level may be employed. A teacher holding a valid substitute certificate may be employed for 180 hours per year.

E. FINANCING

Selection and purchase of special equipment or books is the responsibility of the local administrative unit. Brochures and descriptive literature are available through the Consultant, Education for Physically Handicapped Children.

Costs of service provided will be subsidized in accordance with provisions created by statute as pertains to special education subsidy regulations as outlined on page 18 in this handbook.

F. APPLICATION PROCEDURES

Responsibility for the initiation of a program for the visually impaired rests with the local administrative

unit through its duly appointed representative. An application for Physically Handicapped Children (Ph-1) signed by the superintendent or his agent, and a Ph-12 form (from an ophthalmologist) must be filed with the Consultant, Education for Physically Handicapped Children, prior to the initiation of a program.

Ph-1

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

Case No.__________

(Approved for:)
( )
( )
( )

SCHOOL YEAR

19__ - 19__

( )
(Union #)
(S.A.D. #)
( )

SUPERINTENDENT: PLEASE COMPLETE ABOVE BLOCK

EDUCATION FOR PHYSICALLY HANDICAPPED CHILDREN

APPLICATION FORM

New ☐ Renewal ☐

Name______________________________ M or F______ Birth Date______________
Last First Middle mo. da. yr.

P.O. Address______________________________ School Residence______________
Street or Route City or Town City or Town

Name of Parent or Guardian______________________ Occupation______________

Child's Major Physical Difficulty______________________________

Any Additional Defects______________________________

Last Medical Examination for Major Physical Disability______________
Month Year

By Whom______________________________
Name of Doctor or Clinic Address Street City

Does Child's Mentality Appear to be______________________________
Average Below Average Above Average

Results of Mental Test, if any______________________________
Name of Test Score

Last School Attended______________________ Town______________

Present Grade Placement______________________ Town______________

TYPE OF SERVICE REQUESTED: (check)

☐ Home Instruction ☐ Hearing Conservation ☐ Sight Conserv.

☐ Special and/or Supplementary Tutoring ☐ School-to-Home Phone ☐ Other

This case reported by:______________________ Date______________
Doctor, Nurse, Teacher, Parents, Others

Address______________________________

APPROVED BY:______________________ Date______________
SUPERINTENDENT OF SCHOOLS

PLEASE RETURN TO: Consultant, Education for Physically Handicapped Children
Department of Education
Augusta, Maine 04330

To be completed by local superintendent or agent on behalf of a student in need of a special program. This form is to be filed with the Consultant, Education for Physically Handicapped Children, Department of Education, prior to the initiation of the program, and must be filed annually if an ongoing program is desired.

Ph-12

State of Maine
DEPARTMENT OF EDUCATION
Augusta

Education for Physically Handicapped Children

REPORT BY EYE SPECIALIST

In order that we may decide the eligibility of this pupil for a sight conservation program, please give us the following information:

Name____________________ Date of Birth____________________

Mailing Address____________________ Town of School Residence____________________

Diagnosis O.D.____________________ O.S.____________________

Is this consition progressive? ____________________

Visual Acuity without correction	O.D.	(near)	(distant)
	O.S.	(near)	(distant)
Visual Acuity with best correction	O.D.	(near)	(distant)
	O.S.	(near)	(distant)

How long can child use this amount of vision for school work? ____________________

Visual Acuity with present glasses	O.D.	(near)	(distant)
	O.S.	(near)	(distant)

Is there any limitation of child's field of vision?____________________
If so, give the degrees of useful field of vision for each eye____________________

Has there been any recent serious change in eye condition? ____________________

Could any treatment or operation improve the child's vision? ____________________

Give maximum length and number of periods a day child should do close work, such as reading and writing____________________

Should there be beyond normal restrictions on play activities at school?
(please be specific in reasons) ____________________

Please give in detail any further abnormalities of development or functions of the child's eyes that a teacher should know in order to help him as much as possible in school. ____________________

Date of Last Eye Examination: ____________________

____
Signature

____
Address

To be completed by an ophthalmologist based on examination or current knowledge (within 6 months) of the eye condition of the child for whom services are requested. This form must be filed with the Consultant, Education for Physically Handicapped Children, Department of Education.

HOME INSTRUCTION PROGRAM STANDARDS

A. GENERAL

Whenever possible, the handicapped child should be educated in the classroom. However, because of limitations in physical and emotional health, some children are unable to attend school. When the disabling condition is so severe that the child cannot attend a class and when the mental capacity indicates that he can profit from home instruction, provision for home teaching should be made.

B. ELIGIBILITY

Any educable physically handicapped child of legal school age who cannot attend regular school because of his temporary or permanent disability may participate in a home instruction program. A temporary condition might include a broken leg, or rheumatic fever; a permanent condition might be cerebral palsy or acute rheumatoid arthritis. Pregnancy would constitute eligibility for this service.

C. PROGRAM

Unless the child's physical condition as determined by his physician prevents, he should have from three to five hours of instruction per week. The teacher, in cooperation with the school administrator and regular classroom teacher, should evaluate the child's previous level of work and achievement and determine the level of instruction needed. The teacher should prepare lesson materials as he would in regular classrooms, utilize school services, resource materials and supplementary texts. Care should be taken to keep the work as current as possible. Careful records, including data on progress, attendance, grades, etc., shall be maintained.

D. QUALIFICATIONS FOR TEACHERS

Any teacher holding a valid Maine teaching certificate may be employed. A teacher holding a valid substitute certificate may be employed for 180 hours. Whether the elementary or secondary certificate is required will depend upon the level of students taught.

E. FINANCING

Costs of service provided will be subsidized in accordance with provisions created by statute as pertains to special education subsidy regulations as outlined on page 18 in this handbook.

F. APPLICATION PROCEDURES

Responsibility for initiation of home instruction programs rests with the local administrative unit and its duly appointed representative. An Application for Physically Handicapped Children (Ph-1, signed by the superintendent or his agent, and a Medical Report (Ph-3), signed by a physician must be filed with the Bureau of Guidance, Special, and Adult Education prior to the initiation of a program. The Ph-3 form is not required in the case of pregnancy.

SPECIAL/SUPPLEMENTAL TUTORING PROGRAM STANDARDS

A. GENERAL

Frequently, a child because of specific educational deficits or because of some limiting physical impairment may require specific remedial help in addition to the regular classroom academic experience. A child may require some additional help after returning to school following an illness in order to assist him in reaching the academic level of his classmates. In certain instances, tutorial services may be required when a student can attend classes only for limited periods daily.

B. ELIGIBILITY

As in other instances, the student must exhibit some conditions which preclude full time attendance in regular class. Such students must be of legal age, and documentation of the need for such service shall be provided for by school authorities. Pregnancy would constitute eligibility for this service.

C. QUALIFICATIONS FOR TEACHERS, FINANCING, AND APPLICATION PROCEDURES are the same as for home instruction.

Ph-1

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

Case No.__________

(Approved for: __________)
( )
( )
(__________)

SCHOOL YEAR

19__ - 19__

( )
(Union #)
(S.A.D. #)
(__________)

SUPERINTENDENT: PLEASE COMPLETE ABOVE BLOCK

EDUCATION FOR PHYSICALLY HANDICAPPED CHILDREN

APPLICATION FORM

New ☐

Renewal ☐

Name__________ M or F_____ Birth Date__________
Last First Middle mo. da. yr.

P.O. Address__________ School Residence__________
Street or Route City or Town City or Town

Name of Parent or Guardian__________ Occupation__________

Child's Major Physical Difficulty__________

Any Additional Defects__________

Last Medical Examination for Major Physical Disability__________
Month Year

By Whom__________
Name of Doctor or Clinic Address Street City

Does Child's Mentality Appear to be__________
Average Below Average Above Average

Results of Mental Test, if any__________
Name of Test Score

Last School Attended__________ Town__________

Present Grade Placement__________ Town__________

TYPE OF SERVICE REQUESTED: (check)

☐ Home Instruction ☐ Hearing Conservation ☐ Sight Conserv.

☐ Special and/or Supplementary Tutoring ☐ School-to-Home Phone ☐ Other

This case reported by:__________ Date__________
Doctor, Nurse, Teacher, Parents, Others

Address__________

APPROVED BY:__________ Date__________
SUPERINTENDENT OF SCHOOLS

PLEASE RETURN TO: Consultant, Education for Physically Handicapped Children
Department of Education
Augusta, Maine 04330

To be completed by local superintendent or agent on behalf of a student in need of a home instruction program. This form is to be filed with the Consultant, Education for Physically Handicapped Children, Department of Education prior to the initiation of the program, and must be filed annually if an ongoing program is desired.

Ph-3

State of Maine
DEPARTMENT OF EDUCATION
Augusta

SCHOOL YEAR 19___ - 19___

EDUCATION FOR PHYSICALLY HANDICAPPED CHILDREN

MEDICAL REPORT BY PHYSICIAN

Name of Pupil______________________________ Date of Birth____________

Address____

Parent or Guardian_______________________ Town of Legal Residence______________

Address of Parent or Guardian______________________________________

****

Diagnosis____ Age at Onset________

Is the above pupil physically able to attend regular school classes without special assistance or equipment?____

If unable to attend school do you recommend:

Home Instruction________________ Sight Conservation Program__________

Special Class____________________ Special Transportation to School_______

Special/Supplemental Tutoring_________

Approximately how long may a special program of education be necessary?____

Does this child have any indication of mental deficiency?__________________

What restrictions should be put upon this child's activities?____

Date of last examination___________ Signed_____________________________ MD/DO

Address__________________________________
____

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RETURN TO: Superintendent of Schools
Town of Pupil's Residence
OR
Consultant, Education for Physically Handicapped Children
State Department of Education
Augusta, Maine 04330

To be completed by a licensed physician based on examination or current knowledge (within 6 months) of the physical condition of the child for whom services are requested. This form must be filed with the Consultant, Education for Physically Handicapped Children, Department of Education.

HOSPITAL INSTRUCTION PROGRAM STANDARDS

A. GENERAL

Illness that results in physical disability or requires extended periods of inactivity and hospitalization can result in social and educational retardation. Experience has demonstrated that instructional programs for hospitalized children not only assist in bridging the educational gap while the child is absent from school but also serve as therapy in hastening recovery.

B. ELIGIBILITY

Students requiring hospitalization in excess of two weeks should be considered for a hospital instruction program upon the advice of the attending physician.

C. PROGRAM

The content of hospital instruction is similar to that of the regular classroom. Individual and group instruction may be given, dependent on the medical program prescribed. Based on medical advice, the academic program is fitted to the individual. A child who is ill enough to be hospitalized cannot be expected to cover all the material required of a physically well and active child in a regular classroom.

D. QUALIFICATIONS FOR TEACHERS

Any teacher holding a valid Maine teaching certificate may be employed. A teacher holding a valid substitute certificate may be employed for 180 hours. Whether the elementary or secondary certificate is required will depend upon the level of students taught.

E. FINANCING

Costs of service provided will be subsidized in accordance with provisions created by statute as pertains to special education subsidy regulations as outlined on page 18 in this handbook.

Payment for tutorial services for children while hospitalized is usually made at an hourly rate. Arrangements for tutorial services should be made through the school system of the community where the child is hospitalized. School systems supplying tutors should bill the sending town, which in turn may report the expense for subsidy.

In the case of Maine Medical Center, Portland, the sending town will be billed at a daily rate, determined by dividing the sending town's per capita cost by 180 days.

F. APPLICATION PROCEDURE

Responsibility for initiating a program of hospital instruction lies with the local administrative unit through its duly appointed representative.

An application form, Application for Hospital Instruction, Ph-4 (yellow) should be completed by the superintendent and doctor or hospital official and submitted to the Consultant, Education of Physically Handicapped Children, State Department of Education.

Ph-4

State of Maine
DEPARTMENT OF EDUCATION
Augusta

Case No.____________

(Approved for:
(
(
(
(

(Union)
( )
(S.A.D.)
( )
(Supt.)

EDUCATION FOR PHYSICALLY HANDICAPPED CHILDREN

New ☐ **Application for Hospital Instruction** ☐ **Renewal**

Name of Hospital____________________________________

Applicant's Name____________________ **M** ☐ **F** ☐ **Date of Birth**__________

Parent's Name____________________ **School Residence**__________

P.O. Address of Parents______________________________

Last School Attended__________________________________

Last Grade Completed____________ **Present Grade Placement**____________

* ** * *** * ** *

Diagnosis____

Any Indication of Mental Deficiency________________________

Approximately how long may a Program of Special Education be necessary?________

____

Date____________ **Signed**____________________________ **M.D.**

* ** * *** * ** *

Additional Information______________________________________

____

____

____

____

____

SUPT. SIGNATURE:______________________________________

This Application for Hospital Instruction is to be completed and signed by the Superintendent of Schools and Doctor or Hospital Officials, and then forwarded to the Consultant, Education of Physically Handicapped Children, Department of Education, for approval.

SPECIAL EQUIPMENT PROGRAM STANDARDS

A. GENERAL

Many children with minor to moderate orthopedic disabilities are able to attend the regular public school class. Certain of these children because of the nature of their physical problem, may be assisted to adjust to their problem, or their capabilities may be improved through the provision of specific pieces of apparatus to assist them. Assistive devices may include special desks or chairs, page turners, or typewriters designed for one hand operation. Such devices may in some instances be provided for homebound students.

B. ELIGIBILITY

Any educable physically handicapped child of legal school age who, because of physical disability, may require special equipment to assist or improve his opportunity for an educational program in the classroom is eligible. Recommendation for special equipment should be made by school authorities with advice and consent of the physician.

C. PROGRAM

Specialized equipment is designed to assist a child in being better able to participate in instruction and to help him return to the normal classroom as soon as possible.

D. FINANCING

Special equipment will be purchased by the local school system upon approval of the State Department of Education. Brochures and descriptive literature are available through the Consultant, Education of Physically Handicapped Children. Costs of service provided will be subsidized in accordance with provisions created by statute as pertains to special education subsidy regulations as outlined on page 18 in this handbook.

E. APPLICATION PROCEDURES

Requests for the approval of provision of special equipment shall be made by the local superintendent or other duly delegated official. The request shall be made on Form Ph-1, Education Physically Handicapped Children, noting the equipment desired, and shall be accompanied by a Medical Report, Form Ph-3, signed by a physician.

Ph-1

State of Maine
DEPARTMENT OF EDUCATION
Augusta, Maine 04330

Case No.__________

(Approved for:)
( )
( )
( )

SCHOOL YEAR

19__ - 19__

( )
(Union #)
(S.A.D. #)
( )

SUPERINTENDENT: PLEASE COMPLETE ABOVE BLOCK

EDUCATION FOR PHYSICALLY HANDICAPPED CHILDREN

APPLICATION FORM

New ☐

Renewal ☐

Name____________________ M or F_____ Birth Date__________
Last First Middle mo. da. yr.

P.O. Address____________________ School Residence__________
Street or Route City or Town City or Town

Name of Parent or Guardian____________________ Occupation__________

Child's Major Physical Difficulty____________________

Any Additional Defects____________________

Last Medical Examination for Major Physical Disability__________
Month Year

By Whom____________________
Name of Doctor or Clinic Address Street City

Does Child's Mentality Appear to be____________________
Average Below Average Above Average

Results of Mental Test, if any____________________
Name of Test Score

Last School Attended____________________ Town__________

Present Grade Placement____________________ Town__________

TYPE OF SERVICE REQUESTED: (check)

☐ Home Instruction ☐ Hearing Conservation ☐ Sight Conserv.

☐ Special and/or Supplementary Tutoring ☐ School-to-Home Phone ☐ Other

This case reported by:____________________ Date__________
Doctor, Nurse, Teacher, Parents, Others

Address____________________

APPROVED BY:____________________ Date__________
SUPERINTENDENT OF SCHOOLS

PLEASE RETURN TO: Consultant, Education for Physically Handicapped Children
Department of Education
Augusta, Maine 04330

To be completed by local superintendent or agent on behalf of a student in need of special equipment. This form is to be filed with the Consultant, Education for Physically Handicapped Children, Department of Education, prior to the initiation of the program, and must be filed annually if an ongoing program is desired.

Ph-3

State of Maine
DEPARTMENT OF EDUCATION
Augusta

SCHOOL YEAR 19___ - 19___

EDUCATION FOR PHYSICALLY HANDICAPPED CHILDREN

MEDICAL REPORT BY PHYSICIAN

Name of Pupil________________________________ Date of Birth______________

Address____

Parent or Guardian______________________ Town of Legal Residence______________

Address of Parent or Guardian____

****

Diagnosis____ Age at Onset__________

Is the above pupil physically able to attend regular school classes without special assistance or equipment?____

If unable to attend school do you recommend:

Home Instruction__________________ Sight Conservation Program____________

Special Class_____________________ Special Transportation to School________

Special/Supplemental Tutoring________

Approximately how long may a special program of education be necessary?____________

____

Does this child have any indication of mental deficiency?________________________

What restrictions should be put upon this child's activities?______________________

____

____

Date of last examination____________ Signed______________________________ MD/DO

Address______________________________

____

==

RETURN TO: Superintendent of Schools
Town of Pupil's Residence
OR
Consultant, Education for Physically Handicapped Children
State Department of Education
Augusta, Maine 04330

To be completed by a licensed physicain based on examination or current knowledge (within 6 months) of the physical condition of the child for whom services are requested. This form must be filed with the Consultant, Education for Physically Handicapped Children, Department of Education.